

N10000000108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

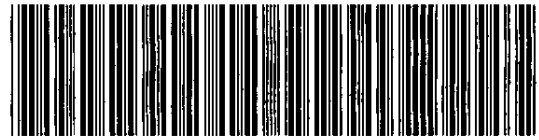
(Business Entity Name)

(Document Number)

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09 OCT 15 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature and date:
1/20/10
TL

LAW OFFICES
BORTOLIN & ASSOCIATES, P.A.

524 S. Andrews Ave., Suite 101N
Ft. Lauderdale, FL 33301

SONIA M. BORTOLIN
bortolin@bellsouth.net

TELEPHONE (954) 523-2223
FACSIMILE (954) 523-2243

January 12, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

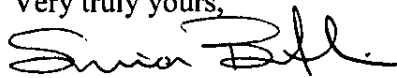
Re. Amendment of Article of Incorporation
Flying 4 Awareness, Inc.

Dear Sir or Madam:

Please find enclosed amendments to the Articles of Incorporation for the above-referenced corporation, along with the appropriate filing fees. We inadvertently misspelled "Awareness" without the e, so we are enclosing the Amendment to reflect the correct spelling on the name.

If you have any questions or need any additional information, please do not hesitate to contact me.

Very truly yours,



Sonia Bortolin, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Flying 4 Awarness, Inc.

DOCUMENT NUMBER: N10000000108

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonia Bortolin
(Name of Contact Person)

Bortolin & Associates, P.A.
(Firm/ Company)

524 S. Andrews Avenue, Ste. 101N
(Address)

Ft. Lauderdale, FL 33301
(City/ State and Zip Code)

bortolin@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Bortolin at (954) 523-2223
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Flying 4 Awareness, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000000108

(Document Number of Corporation (if known))

APPROVED
AND
FILED
09 OCT 15 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

FLYING 4 AWARENESS, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 01/04/2010

(date of adoption is required)

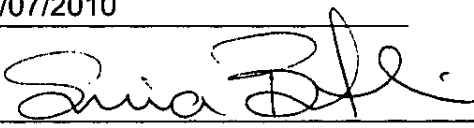
Effective date **if applicable:** 01/04/2010

(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 01/07/2010

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sonia Bortolin
(Typed or printed name of person signing)

President
(Title of person signing)