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DIVISION OF RESERVATION LO



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ACUMEN AVIAT	HON AMERICA, INC	
DOCUMENT N	JMBER: P15000082980		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
	Albert Corrada		
		Name of Contact Person	n
	Albert Corrada CPA		
		Firm/ Company	
	2655 LeJeune Road Suite 90	2	
		Address	·
	Coral Gables, FL 33134		
		City/ State and Zip Cod	e
	acorrada@corradacpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform Albert Corrada	ation concerning this matter, pleas		804-8569
	me of Contact Person	at (305	de & Daytime Telephone Number
iva.	me of Comact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	E □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
- , 1	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

ACUMEN AVIATION AMERICA, INC

(Name	of Corporation as current	ly filed with the Florida Dep	ot. of State)		
P15000082980					
	(Document Number of	f Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following	g amendi	ment(s) to
A. If amending name, enter the new n	ame of the corporation:				
				The n	ew
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co"	4 professional corporation i	or the abbreviation ame must contain	n "Corp i the wo	., " ird
B. Enter new principal office address,	if applicable:				_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)				
				,	-
				_	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST					
(Matting dauress <u>MAT BE A POST</u>	OFFICE BUX				-
			<u> </u>		-
					_
D. If amending the registered agent ar	nd/or registered office add	ress in Florida, enter the na	me of the		
new registered agent and/or the new					
Name of New Registered Agent	Albert Corrada				
	2655 LeJeune Road Suite	902			
	(Florida str	vet address)			
New Registered Office Address:	Coral Gables		, Florida 33134	2026	S K
		(City)	-	ode) 🕏	- <u>2</u> 2
				9	
New Registered Agent's Signature, if c	hanging Registered Agent	<u>:</u>		P	120 200
I hereby accept the appointment as regist	tered agent. I am familiar s	with and accept the obligation	is of the position.	25	ទ.ប។ កេដ្ឋ
	Alt			PM 12: 42	7
	Signature of New R	egistered Agent, if changing			
	orginal are by them it	ogerea rigem, y enunging			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	nes			
_X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
I) Change		_		·		
Add						
Remove						
2) Change		_				
Add						
Remove 3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Attach addi	g or adding additional A itional sheets, if necessary,). (Be specific)	<u> </u>			
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	(if not	applicable, indicate N/A)	ienament ii not c	contained in the	amenument user	<u>II:</u>	
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	03/11/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	/11/2020	
	(no more than 90	days after amendment file date)
Note: If the date inserted in this document's effective date on the I		able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or b	oard of directors without shareholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s		number of votes east for the amendment(s)
		ugh voting groups. The following statement ote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were	sufficient for approval
by		<u> </u>
	(voting group)	
Dated	AH.D.	
(By a select		r – if directors or officers have not been hands of a receiver, trustee, or other court
	MICHAEL HANLON	
	(Typed or printed n	ame of person signing)
	VICE PRESIDENT	
	(Title of person sign	ning)