

P 70000022111

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

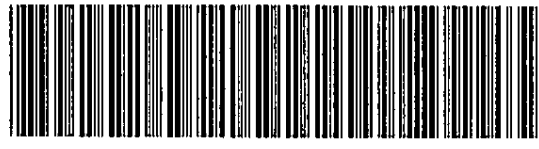
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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18 JAN 31 PM 12:49

ST. LOUIS, MO  
FEB 01 2018

And  
R. WHITE  
FEB 01 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2018

CARLOS LEONARDO LIMA-FREITAS  
800 BRICKELL AVE STE 1410  
MIAMI, FL 33131

SUBJECT: LM FLIGHT SIMULATION CORP  
Ref. Number: P17000002664

We have received your document for LM FLIGHT SIMULATION CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 918A00001407

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LM Flight Simulation Corp  
DOCUMENT NUMBER: P17000002664

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

Please return all correspondence concerning this matter to the following:

Carlos Leonardo Lima-Freitas  
Name of Contact Person

Hayman-Woodward Corp  
Firm/Company

800 Brickell Ave., Ste. 1410  
Address

Miami, FL 33131  
City/ State and Zip Code

leo.freitas@haymannwoodward.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonardo Freitas at ( 305 ) 515-8095  
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:

- \$35 Filing Fee  
 \$43.75 Filing Fee & Certificate of Status  
 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
 \$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

- previously  
filed!  
(1-18-2018)

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

18 JAN 31 PM 12:40

LM Flight Simulation Corp

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

P170000002664

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

- N/A -

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

Hayman - Woodward Corp.

800 Brickell Ave., Ste. 1410

(Florida street address)

New Registered Office Address:

Miami

(City)

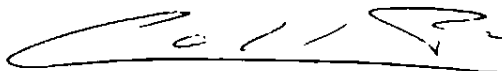
Florida

33131

(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)

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.

Example:

Change                    PT      John Doe

Remove                    V      Mike Jones

Add                        SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	- N/A -		_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change			_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change			_____
<input type="checkbox"/> Add			_____
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<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change			_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change			_____
<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 -

F. 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)

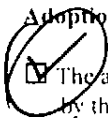
- N/A -

The date of each amendment(s) adoption: 1-18-2018, if other than the date this document was signed.

Effective date if applicable: 1-18-2018  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)



The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):


"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1-29-2018

Signature 

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

Carlos Leonardo Lima-Freitas

(Typed or printed name of person signing)

President

(Title of person signing)