## 604864

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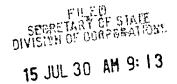
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	SEMINOLE FL	LYING & SOARI!	NG, INC.	
DOCUMENT NUMBER:	G04864			
The enclosed Articles of Amendm	ent and fee are sul	bmitted for filing.		
Please return all correspondence co	oncerning this mat	tter to the followin	g:	
	MIHAI TANJAI	LA		
		Name of Conta	ct Persor	)
	PRESIDENT / S	SEMINOLE FLYI	NG & SC	OARING, INC.
	Firm/ Company			
	4024 SOARING	LANE		
Address				
CLERMONT, FL 34714				
		City/ State and	Zip Code	
	OFFICE@SOAI	RFL.COM		
E-mail	address: (to be us	sed for future annu	al report	notification)
,				
For further information concerning	g this matter, pleas	se call:		
MIHAI TANJALA		at (	352	396-3701
Name of Contact P	erson	, , , , , , , , , , , , , , , , , , ,	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	payable to the Flor	rida Depa	urtment of State:
•	75 Filing Fee & ficate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres				Address
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327				Suliding

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



, Florida

(Zip Code)

SEMINOLE FLYING & SOARING, INC. (Name of Corporation as currently filed with the Florida Dept. of State) G04864 (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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the

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

new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Office Address:

N/A

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

N/A	
Signature of New Registered Agent, if changing	

(Florida street address)

(City)

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	VP	RICH OWEN	13340 LAKE TURNBERRY CIRC
1) Change X Add		<del></del>	ORLANDO, FL 32828
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Komove			
6) Change			···
Add			
Remove			

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A	<u>cles, enter change(s) here</u> : (Be specific)	
A		
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If an amendment provides for an exch	ange, reclassification, or cancellation of issu	<u>ied shares,</u>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issundered in the amendment in	<u>tself:</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issundered in the amendment in	<u>ied shares,</u> i <u>self:</u>
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	JULY 27, 2015	FILED STATE
The date of each amendment(s) adop	otion:	SECRE LANCE PROPERTY OF THE SECRETARY OF
date this document was signed.	JULY 27, 2015	911100 EM Q: 13
Effective date <u>if applicable</u> :	JOBI 27, 2013	15 JUL 30 AM 9: 13
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this blockdocument's effective date on the Depa		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffi	ed by the shareholders. The number of cient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting ach voting group entitled to vote separat	groups. The following statement tely on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient	for approval
by	(voting group)	.,,
•	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareho	lder action and shareholder
Dated 04	127/2015 Wimjal 5	
Signature	(him)as	
(By a dire selected,	ector, president or other officer – if direct by an incorporator – if in the hands of a d fiduciary by that fiduciary)	
	MIHAI TO	ANTALA
_	(Typed or printed name of pers	son signing)
	PRESI	DENT
_	(Title of person sig	
		G04864
		4024 Soaring Ln,Clermont FL-UNITED STATES
		352-394-5450