M28354

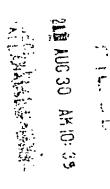
(Requ	uestor's Name)	
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COVER LETTER

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		COVER LE	ETTER		
TO: Amendment Section Division of Corporation					To So
NAME OF CORPOR	ATION:ALTMA	AN AIR, INC.			
DOCUMENT NUMB	ER:	M28354			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	,		* } - \$*. \$*
Please return all corresp	oondence concerning this ma	tter to the following	ng:		
	SUVIT	HAN ANANTHA	AKATHIR.	AMALAI	
-		Name of Cont	act Person		
		ALTMAN AI	IR, INC.		
-		Firm/ Con	npany		
		12273 S.W. 132r	nd COURT		
-		Addre	:ss		
		MIAMI, FL	. 33186		
-		City/ State and	Zip Code		
		suvi.altman@	email.com		
	E-mail address: (to be us	-	=		
For further information	concerning this matter, pleas	se call:			
Silvio Amico, Esq.		at (305	_)	
Name o	f Contact Person		Area Cod	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	orida Depar	rtment of State:	
S35 Filing Fce	□\$43.75 Filing Fee & Certificate of Status	Certified Cop (Additional c enclosed)	py	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis	ing Address ndment Section sion of Corporations Box 6327		Amendi Division	Address nent Section n of Corporations Building	
	hassee, FL 32314			cecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	Articles of Amendment	
	to	
	Articles of Incorporation of	The transfer of the second
	ALTMAN AIR, INC.	
(Name of	Corporation as currently filed with the Florida L	Dept. of State)
	M28354	
<u> </u>	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:	
		The new
	n the word "corporation," "company," or "inceion "Corp," "Inc," or "Co". A professional corp n," or the abbreviation "P.A."	
B. Enter new principal office address, if	applicable:	
(Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/ new registered agent and/or the new i	or registered office address in Florida, enter the registered office address:	name of the
	(Florida street address)	
New Registered Office Address.		Florida
	(City)	(Lip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	inging Registered Agent: ed agent. I am familiar with and accept the obliga	tions 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: X Change	<u>PT</u>	<u>John Do</u>	<u>c</u>	
X Remove	<u>v</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		VISHAM PERSAUD	12273 S.W. 132nd COURT
X Add				MIAMI, FL 33186
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
/A	
-	
<u> </u>	
<u> </u>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<i>t</i> •	
'A	
['] A	
'A	
'A	
/A	

	AUGUS1 21, 2019	:C -al al al
The date of each amendment(s) adop	tion:	, if other than the
late this document was signed.		
	AUGUST 21, 2019	
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ek does not meet the applicable statutory filing requirements, the truent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendr cient for approval.	nent(s)
	ved by the shareholders through voting groups. The following st ch 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)	
	, 35 17	
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and share	:holder
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and sharehold	ler
Dated 23	108/2019	
S:		
Signature (By a disk	ctor, president or other officer - if directors or officers have not	heen
	by an incorporator – if in the hands of a receiver, trustee, or other	
The state of the s		Court
appointed	fiduciary by that fiduciary)	
	SUVITHAN ANANTHAKATHIRAMALAI	
	(Typed or printed name of person signing)	
	President and Director	
_	(Title of person signing)	