## N09000009891

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## **COVER LETTER**

TO: Amendment Section

Tallahassec, FL 32314

Division of Corporations
NAME OF CORPORATION: Aiz Styp Com. Hee operations of MAINT
DOCUMENT NUMBER: NO 900009891
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Swil Svor (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
POBOT 94
(Address)
POBOT 94  (Address)  Monticello, FC 32345
(City/ State and Zip Code)
SWIB2345@ YAHOO COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 342-1700 (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 & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is Enclosed)
Mailing Address Amendment Section  Amendment Section  Amendment Section
Division of Corporations P.O. Box 6327  Amendment Section  Division of Corporations  Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Air Strp Committee operators and Mant	en Auce Conforation
(Name of Corporation as currently filed with the Florida Dept. of State)	/
N 09 000009891	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corpo</i> amendment(s) to its Articles of Incorporation:	ration adopts the following
A. If amending name, enter the new name of the corporation:	
Jefferson LAWDING AIRSTRIP Comm. Tee	COFP
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbre "Company" or "Co." may not be used in the name.	eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	٠
C. Enter new mailing address, if applicable:	FILED PHAR TO
(Mailing address MAY BE A POST OFFICE BOX)	<b>三</b>
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	2
D. If amending the registered agent and/or registered office address in Florida, enter the nar	ne of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	-
(Florida street address)	-
New Registered Office 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 obligation	is 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 X_Remove X_Add	PT         John De           V         Mike John SV           SV         Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove			
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if nece	nal Articles, enter c ssary). (Be specifi	(c)		
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The date of each amendment(s) adoption: 3-10-15 date this document was signed.	, if other than the
Effective date if applicable:  (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.	
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)	<del></del>
Scott 5 stor	
(Typed or printed name of person signing)  See / Twas  (Title of person signing)	