## N12000008718

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C. LEWIS
FEB 19 2014
EXAMINER

## **COVER LETTER** a

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AVIATION ADVENTURES, INC.			
DOCUMENT NUMBER: N /200000 8718			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Terry Carbonell			
(Name of Contact Person)			
AVIATION ADVENTURES INC (Firm/ Company)			
• •			
1402 W 15th St			
(Address)			
1402 W 15th St  Lehigh Acres FL 33972			
(City/ State and Zip Code)			
GODUSTYCHOTMAIL, COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
T 12 1 11			
Terry L Carbonell at 239, 633-0077			
(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:			
S35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation

14 FEB 18 PH 5: 01

1111111111	of
AVIATION	ADVENTURES, MECRETARY OF STATE
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
N12000	DO8718
(Document Number of Cor	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<del>on:</del>
	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
	111/02 IN 15th St
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1902 10 10 0,
(11 mesper byject waaress <u>most be A STREET ADDRESS</u> )	Lettight Acres FL 33972
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1402 W, 154 St
(muting dutiess MAT BE A FOST OFFICE BOX)	1402 W. 15th St Lehigh Acres FL 33972
	Lengh Acres PL 37172
D. If amounting the projectional count and/or antichands office	and describe the second by the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of Nam Bootstoned Assess	
Name of New Registered Agent:	
	Florida street address)
New Registered Office Address:	rior au street autressy
	Elavida
(City)	, Florida (Zip Code)
Nava Danistanad Anna) - Cinnatum - Makamain - Danistanad -	. , , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent. I am fam	
Signature of New F	Registered Agent, if changing

Page 1 of 4

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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove		<u>.</u>	
3 ) Change Add Remove			
4) Change Add Remove	. 4		
5) Change Add		_	
Remove 6) Change Add Remove	<del></del>	· 	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
ARTICLE	IIL AMEN	<u>whent</u>	Attached	
		·····		
				·
		·		•
	· · · · · · · · · · · · · · · · · · ·			

## <u>ARTICLE III – PURPOSE</u>

- A. The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- B. Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

APPROYEU AND FILED

The date of each amendment(s) ado	ntion: 2/11/14	FILED	, if other than the
date this document was signed.		14 FEB 18 PM 5: 01	, if other than the
Effective date <u>if applicable</u> :	A 11] 14 (no more than 90 days af	der amendment file date), FL ORIDA	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add was/were sufficient for approval.	• •	number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director		dment(s). The amendment(s) was/were	
Dated	ગ્રીમામિ		
Biginature	ryl Carbonel	pres	
have not been		ard, president or other officer-if directors - if in the hands of a receiver, trustee, or ciary)	
	RRY L Carbone		
	Typed or printed name of pers	on signing)	
	(Title of person sign	ing)	