N20883

(Re	equestor's Name)	
(Ac	ldress)	
		
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
(50	our runner,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500431132945

08/11/24--01018--029 **43.75

2024 JUN 11 ATT 10: 17

S. PRATHER

COVER LETTER

Division of Corporations Panair Flying Club NAME OF CORPORATION: N20883 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James Ward (Name of Contact Person) Panair Flying Club (Firm/ Company) 14300 SW 129 St M6 box 108 (Address) Miami, FL 33186 (City/ State and Zip Code) dpw1980@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305-724-781**0** James Ward (Area Code) (Daytime Telephone Number) (Name of Contact Person) 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 Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of			
Panair Flying Club		<u>}-</u>	792	
(Name of Corporation as currently filed with the Florida l	Dept. of State)	:	بح ہ 	
N20883			=	
(Document Numb	per of Corporation (if known)	(), ('),		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	following	7024 JUNETE AN IOTE	٠
A. If amending name, enter the new name of the corporat	tion:	ij.	[]	
Panair Flying Club. Inc		The new		
name must he distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." o			
B. Enter new principal office address, if applicable:	14300 SW 129 ST M6			
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33186			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14300 SW 129 ST Box 108			
	Miami, FL 33186			
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the			
new registered agent and/or the new registered office a				
Name of New Registered Agent: James D	Ward			
	V 129 ST M6 (box 108)			
	(Florida street address)			
New Registered Office Address:				
Miami	Florida 33186			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent. I am fai				
Si	ignature 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add				
Remove 5) Change Add	<u> </u>	-		
Remove 6) Change Add		_		
Remove				
E. If amending or addin (attach additional sheet			cles, enter change(s) here: (Be specific)	
		· · · · · · · · · · · · · · · · · · ·		

		
		
		
		<u></u>
		
		<u> </u>
·		
		
		
	June 6, 2024	
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:	to more than 90 days after amendment file date)	
(n	to more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not t of State's records.	be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the amendment(s)	

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.