P0/000008018

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PICK-UP WAI	T MAIL
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(Document Nur	nber)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FLORIDA FLIGHT MAINTENANCE INC
DOCUMENT NUMBER: P010	00008018
	ent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
MORITZ	KOSTER
	Name of Contact Person
FLORIDA	FLIGHT MAINTENACE INC
 ;	Firm/ Company
160 AIRPO	RT AVE E
	Address
VENICE.	l <u>-</u>
	City/ State and Zip Code
MORITZ(City/ State and Zip Code
E-ma	address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
MORITZ KOSTER	at (841) 484-3771
Name of Contact	Person Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:
*	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	dion Amendment Section porations Division of Corporations The Centre of Tallahassee

Articles of Amendment Articles of Incorporation

	of co	
FLORIDA	FUEST MAINTENDICE INC	١
	(Name of Corporation as currently filed with the Florida Dept. of State)	<u> </u>
P0100	(Name of Corporation as currently filed with the Florida Dept. of State) 000 8018	
	(Document Number of Corporation (if known)	_
Pursuant to the provisions of s its Articles of Incorporation:	ection 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)	to
A. If amending name, enter	the new name of the corporation:	
"Inc.," or Co.," or the design	Thenew ind contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," mation "Corp," "Inc," or "Co". A professional corporation name must contain the word sociation," or the abbreviation "P.A."	
B. Enter new principal office (Principal office address <u>MU</u> !	address, if applicable: TBE A STREET ADDRESS)	
C. Enter new mailing addre (Mailing address <u>MAY BE</u>		
D. If amending the registered new registered agent and	agent and/or registered office address in Florida, enter the name of the or the new registered office address:	
Name of New Register	ed Agent MORITZ KOSNER	
<u>New Registered Office</u>	Address: NONICS Florida 34285 (City) (City) (City)	
	(City) (Zip Code)	
New Registered Agent's Sign: I hereby accept the appointmen	ature, if changing Registered Agent: as registered agent.—I am familiar with and accept the obligations of the position.	
_	Signature of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being	ing filed pursuant to s. 607.0120 (11) (e), F.S.	

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.

X Change	<u>PT</u> <u>Jo</u>	ohn <u>Doe</u>	
X Remove	$\underline{V} = \underline{M}$	like Jones	
<u>X</u> Add	SV Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	THUMAS DANGIA	160 MAPONE ANS E
× Add			NEVIUS PL 34785
Remove	:		
2) K Change	VP.	1+ANS SUBSIG	160 ARRINE AND &
Add			VENIUS FR 34785
Remove Change		MONITZ MOSTER	160 ATRPORT DUE E
Add			VSNRS PL 34785
Remove	ļ		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If an amenda	ient provides	for an excha	nge, reclassificati	Ob. or cancellat	ion of icena	ed sharm	
Dray (2) Off 2 10	n milhicinent	mig the amena	lment if not cont	ained in the am	endment it	self:	
(i) not ap	plicable, indi	¢ate N/A)					
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	e of each amendmer document was signe	
Effective	e date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: It documen	the date inserted in	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoptio	n of Amendment(s)	(CHECK ONE)
	mendment(s) was/wo i was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
The a by th	mendment(s) was/we e shareholders was/w	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The a	mendment(s) was/we	te approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
	"The number of vote	cast for the amendment(s) was/were sufficient for approval
	by	(voting group)
		(voting group)
	Dated	8/15/22
	Signature	file
	(F	By a director, president or other officer – if directors or officers have not been eccted, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)
		(Typed or printed name of person signing)
		(1) ped of printed name of person signing)
		CIHEL- EXECUTIVE OFFICE