

(F	Requestor's Name)	
(/	Address)	
	Address)	
. (0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
J)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	
Special Instructions t	tem	į
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11/18/14--01020--017 **25.00

12/23/14--01031--025 **10.00

FILE D

DEC 24 2014 R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2014

DEBBIE JOHN 1800 SW 34TH ST FORT LAUDERDALE, FL 33315

SUBJECT: SHORELINE AVIATION, INC.

Ref. Number: P02000102929



We have received your document for SHORELINE AVIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 314A00025098



COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Short Of Control of Corporation: Pog(eline Aviation Inc.
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
<u>De</u>	bbie John Name of Contact Person
Shore	eline Hulation Inc.
1800	SIN 34th Street
Fort Lau	Address dev dale FL. 333/5 City/ State and Zip Code
E-mail address: (to be used	on e Shore line a evospace - Com for future annual report notification)
For further information concerning this matter, please c	all:
Debbje John Name of Contact Person	at (954), 427-8405 ext. 3021 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of	Amendment	Frank I arm
	0 .	FILED
_ \	ncorporation of	14 'DEC 22 50 1 55
Shoreline A	triation	14 DEC 23 FH 1:03
(Name of Corporation as currently filed with the	Florida Dept. of State)	TAIL SEE SEE SEE SEE
P02000102	929	, and the control of
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
_		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
D. If amending the registered agent and/or registered office add	dress in Florida, enter the t	name of the
new registered agent and/or the new registered office address		
Name of New Registered Agent A Mich	au Zelce	
1800	S(1) 2/14h Q-	
	1reet address)	<u>1</u> 881
	1 '. 1	22215
New Registered Office Address: POTT LQC	uderdale, Flori	da
(Cit)	<i>v)</i>	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ı <u>t:</u>	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligate	ions of the position.
/ hly		
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.

Francisco V as Rem	iove, and sally smit	n, SV us an Aua.	
Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One) 1) Change Add	Title	Adrian Green	Address 1800 SW34th Street Fortlanderdale,
Remove 2) Change Add	MOR	Green Parro HLL	Florida 33315 C 1800 SW 34th Street Fort Lauderdale,
Remove 3) Change Add Remove	MGR	Burstein Family Irrevocable Trust	Florida 33315 1800 SW34thStreet Fort Lauderdale, Florida 33315
4) Change Add	S	Ami Zelcer	1800 SW34th Street Fort Lauderdale, Florida 33315
Remove 5) Change Add Remove	9	3120 Pine LLC	1800 SW34th Street Fort Lauderdale, Florida 32315
6) Change Add Remove	MGR	Amichay Zelcer	

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amandment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	* * / . ^
	N/H
	/
	· ·

The date of each amendment(s) adoption:	_, 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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/15/2014	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
- Amichay Zelce	<u></u>
(Typed or printed name of person signing) Manager	<u>)</u> _
(Title of person signing)	,