## P04000009289

(Re	questor's Name)	
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## **COVER LETTER**

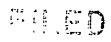
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MATRIX AVIAT	ION INC.		
DOCUMENT NUM	P04000009289		··	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	ENA ARIAS			
		Name of Contact Persor	1	
	OROPEL ACCOUNTING &	: TAX P.A.		
		Firm/ Company		
	2671 S COURSE DR # 109			
	Address			
	POMPANO BEACH FL 330	169		
		City/ State and Zip Code	2	
	EARIAS@OROPELPA.COM	М		
	-	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
ENA ARIAS		at (54()	629-3120	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div	ulling Address nendment Section rision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



MATRIX AVIATION INC.			2021 OCT 14	PM 2: 01
( <u>Name</u>	of Corporation as current	tly filed with the Florid:		0/2 0 2 4 4 4 4 4
P04000009289			TALLARY	OF STATE
•	(Document Number of	of Corporation (if known		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the fol	lowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp." "Inc," or "Co".	A professional corporal		eviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	<del></del> -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an new registered agent and/or the ne			ne name of the	
-	GUILLERMO CARABA	<del></del>		
Name of New Registered Agent	5360 N.W. 20TH TERRA		F ADDRESS)	
		reet address)		
	FORT LAUDERDALE	reci unio eday	33.	309
New Registered Office Address:		(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	t: with and accept the oblig	gations of the posi	tion.
	Gullogo	Carala I		
<u> </u>	Signature of New I	Registered Agent, if change	Sirk -	

Check if applicable

☐ The amendment(s) is/are being 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)

Example:

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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	P	MONSALVE, RODOLFO	5360 N.W. 20TH TERRACE, STE
Add			207A
X Remove			FORT LAUDERDALE FL 33309
2) Change	p	CARABAJAL, GUILLERMO	5360 N.W. 20TH TERRACE, STE
X Add			207A
Remove 3 ) Change			FORT LAUDERDALE FL 33309
Add			
Remove			
4) Change			a
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
•	<del></del>
· · · · · ·	
<del>_</del>	
<del></del>	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
IVA	

.

The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by N/A		
	(voting group)	
10/10/20 Dated	021	
Signature	Eulloures Carcisage	
	a director, president or other officer – if directors or officers have not be cled, by an incorporator – if in the hands of a receiver, trustee, or other c	
	pinted fiduciary by that fiduciary)	
	GUILLERMO CARABAJAL	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	