P05000122413

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KC PERSONAL A	VIATION, INC.	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	KENNETH A HERNANDEZ	<u>.</u>	
		Name of Contact Person	1
		Firm/ Company	
	KC PERSONAL AVIATION	I, INC.	
		Address	
	1060 SW 75 Terrace PLANT		
		City/ State and Zip Code	e
For further information KENNETH A HERNA	n concerning this matter, pleas	ed for future annual report se call: at (305	401-2267
Name of Contact Person		at (Area Co)
Enclosed is a check fo	r 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)
Mailing Address 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

KC PERSONAL AVIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
P05000122413
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address) New Registered Office Address: Florida 20
(City) ZE (ZECode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Cincertain of Nov. Dominion of Court (Calculation)
Signature of New Registered Agent, if changing
Check if annicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

ttach <i>additional s</i>	ding additional Artichests, if necessary).	(Be specific)			
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rovisions for im	plementing the amer	ndment if not cor	itained in the amo	ndment itself:	. <u></u>
(if not applica	ble, indicate N/A)				
-					
					

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	PT		HERNANDEZ CHERYL A	1060 SW 75 Terrace
X Add		_	_	Plantation, FL 33317
Remove				
2) X Change	VP		HERNANDEZ, KENNETH A	1060 SW 75 Terrace
Add				Plantation, FL 33317
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	ich amendment(s) ac nent was signed.	03/30/2021 doption:	, if other than th
Effective date	if applicable:		
		(no more than 90 days after amendment file date)	
		lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of A	amendment(s)	(<u>CHECK ONE</u>)	
	ment(s) was/were add not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
	ment(s) was/were ado eholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
		roved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	rt.
"The	number of votes cast	for the amendment(s) was/were sufficient for approval	
by		(voting group)	
	03/302021 Dated		
	Signature <u>lle</u>	rector, president or other officer – if directors or officers have not been	
	selected	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
		KENNETH A HERNANDEZ	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	