P05000146304

(Requ	estor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corp	orations				
NAME OF CORPOR	RATION: American Air Care	e, Inc.			
DOCUMENT NUMI	P05000146304				
The enclosed Articles	of Amendment and fee are st	abmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Xochitl R. De La Cruz				
		Name of Contact Person	n		
		American Air Care, Inc	;		
		Firm/ Company			
	16000 Kemper Dr				
		Address			
	Hudson Fl 34667				
		City/ State and Zip Cod	e e		
myan ——-	nericanaireare@gmail.com	sed for future annual report			
	ri-man address, (to be u	sed for tillere annual report	nouncadon)		
For further informatio	n concerning this matter, plea	se call:			
Xochitl R. De La Cru	z	727 at (de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
finelosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:		
S35 Filing Fee	☐S43.75 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			Address		
	endment Section		Amendment Section		
	ision of Corporations . Box 6327		on of Corporations Building		
	ahassee, FL 32314		Executive Center Circle		
		Tallaha	assee, FL 32301		

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Articles of Amendment to Articles of Incorporation of

American Air Care, Inc.				
(<u>Name</u>)	of Corporation as curren	illy filed with the Florida Dept. of State)		
P05000146304				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amen	dment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
		The	new:	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain	ition	
B. Enter new principal office address.				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		16000 Kemper Dr		
		Hudson FL 34667		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST		16000 Kemper Dr	147 51	
		Hudson Fl 34667	الله الرواية الرواية	
		· · · · · · · · · · · · · · · · · · ·	>	
			第 20	
D. If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the ess:	PH 12: L1	
Name of New Registered Agent	Xochitl R. De La Cruz		75	
	16000 Kemper Dr			
	(Florida :	street address)		
New Registered Office Address:	Hudson	. Florida 3-4667		
		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Age tered agent. I am familia	nt: r with and accept the obligations of the position.		
20	whith fr			
/ 00	Signature of Ney	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	<u> 174</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1+ N Change	РТ	Xochitl R. De La Cruz	16000 Kemper Dr
Add			Hudson Fl 34667
Remove			
2) X Change	V	Dean Derk	4726 Bonton Dr
Add			Holiday FL 34690
Remove			
$\frac{x}{2}$ Change	S	Louis Edwards	16000 Kemper Dr
Add			Hudson FL 34667
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ronove			
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	as, if necessary).	(Be specific)				
						
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f an amendment pro provisions for imple (if not applicable	menting the amen	inge, reclassific dment if not co	ation, or cancell ntained in the a	lation of issued s mendment itself:	<u>hares.</u> E	
						···-
			<u> </u>		*	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ 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 7 - 21 · 17
Signature
(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)
Dean Deck
(Typed or printed name of person signing)
(L) ear / Poesiden+
(Title of person signing)