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SECRETARY OF STATE OF STATE OF CORPORATION

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Concarde	Aviation, Inc				
DOCUMENT NUMBER: Po800092	776				
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this mat	tter to the following:				
Ali Sa	adeshi				
	Name of Contact Person	l			
Concor	Name of Contact Person  Le Avia-io  Firm/ Company	in the			
	Firm/ Company				
Address  Margates FL 33063  City/State and Zip Code					
	Address	_			
Margale, FL 33063					
<del></del>	U City/ State and Zip Code	•			
Con Corde A-e E-mail address: (to be us	roo G-mail. Used for future annual report	0~~_ notification)			
For further information concerning this matter, pleas	e call:				
Ali Sadeghi	at (954	865-0574 de & Daytime Telephone Number			
Name of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Address			
Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tatlahassee, FL 32301				

## **Articles of Amendment** Articles of Incorporation

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; ervices, Inc 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: 648 NW to tre (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 (City)

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.

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith U/A	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			*****
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
Nomovo		,	
4) Change	<del></del>		
Add			
Remove		,	<del> </del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<del></del>

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Re specific)
N/A	
<del></del>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(4) TOTAL SEPTEMBLE (1977)	
A ( ) A	
K (   M	
A ( ) A	
A ( ) A	
A ( ) A	
A ( ) A	
A ( ) A	
A ( ) A	
A ( ) A	

The date of each amendment(s) adoption: 2/08/2013
Effective date if applicable: 2/08/12013
(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 2/09/2013
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)
ALI SADEGHI
(Typed or printed name of person signing)
(Title of person signing)

