## P10000068749

(Re	equestor's Name)	
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2010 SEP 27 PH 1: 25
SECRETARY OF STATE

Amend

TB

SEP 28 2010

## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** NAME OF CORPORATION: INTERNATIONAL AIRWESTNC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HOMPESTEAD FLORIDA 33031-3 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 989-6743

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status ☐ \$52.50 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (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** to Articles of Incorporation of

_ D INTER	NATIONAL B	MRUNKS, Inc.	
(Name of Corporation as cur	rently filed with the Florid	la Dept. of State)	
	PI	0000068749	
(Document Nu	mber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		Clorida Profit Corporation adopts the following	lowing
A. If amending name, enter the new name	of the corporation:		
		The new	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pi	ne designation "Corp," "Inc	c," or "Co". A professional corporation	
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		2010 SEP 27 PH 1:	
D. If amending the registered agent and/or	registered office address i	in Florida, enter the name of the	
new registered agent and/or the new reg		-	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chans I hereby accept the appointment as registered	agent. I am familiar with a		
	Signature of New Registere	d 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
V.C.	JOSEPH SAMALION	HOMESTRAD FISHI 33031 - 200	AVR - Add  ON Remove
	<del></del>		Add Remove
			☐ Add ☐ Remove
	nding or adding additional Articles, entended the desired additional sheets, if necessary). (Be spe		
provis	mendment provides for an exchange, reions for implementing the amendment into applicable, indicate N/A)		
<del></del>			
<u> </u>			

The date of each amendment(	'a) adamtlanı	Eren	YMRV.D	ア)	2010
The date of each amendment	s) adoption:	(date of ada	ption is requir	od)	
Effective date if applicable:			TEMBTER	22,	2010
	(no more than 9	0 days after an	nendment file (	date)	
Adoption of Amendment(s)	(CH	ECK ONE)			
The amendment(s) was/wen by the shareholders was/we			The number o	f votes cast	for the amendment(s)
The amendment(s) was/wen	* * * * * * * * * * * * * * * * * * * *		_		
"The number of votes of	ast for the amen	dment(s) was/v	vere sufficient	for approva	al
by	(voting group)				
	(voting group)				
The amendment(s) was/wern action was not required.	e adopted by the	board of direc	tors without sh	nareholder a	action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the	incorporators	without shareh	iolder action	n and shareholder
Dated \$1	RPTEMBR	R 21	_2010		
Signature	Dal. G	2			
	a director, presid	lent or other of	ficer – if direc	tors or offic	ers have not been
		•		receiver, tru	ustee, or other court
арро	ointed fiduciary b	by that fiduciar	y)		
	DAVE	7 FM			
	(Ty	ped or printed	name of perso	n signing)	
	PRISS	リカルカカ			
	(Title o	f person signin	g)	<del> </del>	<del></del>