## P11000018835

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2/12/13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	<sub>RATION:</sub> NIMOA AVI	ation inc.	
DOCUMENT NUM	BER: P1100001883	35	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	·
	Amnon Magid		
		Name of Contact Person	n
	Nimda Aviation		
		Firm/ Company	
	1669 NW 144th 7	Terrace , Suite 2	08
		Address	
	Sunrise, FL 3332	3	
		City/ State and Zip Code	3
ron	sever@gmail.com	า	
-	<b>-</b> -	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Amnon Magi	d	at (954	, 9905012
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 Es	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Nimda Aviation Inc.

2013 FEB | | PM |: | 1

(Name of Corporation as currently filed with the Florida Dept. of State) P11000018835

TALLAHASSEE, FLORIDA

nt(s) to

(Document Number o	f Corporation (if known)	49
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corpo	oration adopts the following amendme
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp." "Inc" or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professiona	The new "incorporated" or the abbreviation of the abbreviation the corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	e:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		bligations 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	LUKE WURMS	SAVELSBOS 324
Add			2716 HS ZOETERMEER
X Remove			NETHERLANDS
2) Change	Р	TALI RON-SEVER	7 NACHAL SOREK STREET
X Add			RAMAT-HASHARON 47207
Remove			ISRAEL
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer	

The date of each amendment(s) adoption: 12/31/2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 2/4/201	3	
Dated_Z/1/201		
Signature	TIME	
	ector, 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)	
F	RON SEVER	
	(Typed or printed name of person signing)	
С	DIRECTOR	
<del></del>	(Title of person signing)	