

P110000035329  
H240001884033

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : QUARLES & BRADY LLP  
Account Number : I20000000067  
Phone : (239)434-4922  
Fax Number : (239)213-5452

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MARCO AVIATION, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 06      |
| Estimated Charge      | \$35.00 |

A. RAMSEY

MAY 29 2024

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MARCO AVIATION, INC.

DOCUMENT NUMBER: P11000035329

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORDAN HEILMAN

Name of Contact Person

QUARLES & BRADY LLP

Firm/ Company

411 E. WISCONSIN AVE. SUITE 2400

Address

MILWAUKEE, WI 53202

City/ State and Zip Code

JORDAN.HEILMAN@QUARLES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN HEILMAN

at ( 414 )

277-3034

Name of Contact Person

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

☐ \$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

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

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Articles of Amendment  
to  
Articles of Incorporation  
of

MARCO AVIATION, INC.

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

P11000035329

(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:

*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)

950 1st Ave N, Suite 200

Naples, FL 34102

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

WILLIAM GASTON

950 1st Ave N, Suite 200

(Florida street address)

New Registered Office Address:

NAPLES

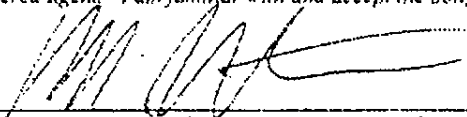
Florida 34102

(City)

(Zip Code)

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

Check if applicable

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

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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:

☒ Change PT John Doe  
☐ Remove V Mike Jones  
☒ Add SV Sally Smith

| Type of Action<br>(Check One)              | Title | Name                    | Address                  |
|--|-------|-------------------------|--------------------------|
| 1) <input type="checkbox"/> Change         | PT    | JOHN H. WILKINSON       | 200 AVIATION DRIVE NORTH |
| <input type="checkbox"/> Add               |       |                         | UNIT 6                   |
| <input checked="" type="checkbox"/> Remove |       |                         | NAPLES, FL 34104         |
| 2) <input type="checkbox"/> Change         | VP    | ANDRES FELIPE GUTIERREZ | 200 AVIATION DRIVE NORTH |
| <input type="checkbox"/> Add               |       |                         | UNIT 6                   |
| <input checked="" type="checkbox"/> Remove |       |                         | NAPLES, FL 34104         |
| 3) <input type="checkbox"/> Change         | S     | THOMAS E. PARENT        | 200 AVIATION DRIVE NORTH |
| <input type="checkbox"/> Add               |       |                         | UNIT 6                   |
| <input checked="" type="checkbox"/> Remove |       |                         | NAPLES, FL 34104         |
| 4) <input type="checkbox"/> Change         | PD    | WILLIAM GASTON          | 950 1st Ave N.           |
| <input checked="" type="checkbox"/> Add    |       |                         | Suite 200                |
| <input type="checkbox"/> Remove            |       |                         | NAPLES, FL 34102         |
| 5) <input type="checkbox"/> Change         |       |                         |                          |
| <input type="checkbox"/> Add               |       |                         |                          |
| <input type="checkbox"/> Remove            |       |                         |                          |
| 6) <input type="checkbox"/> Change         |       |                         |                          |
| <input type="checkbox"/> Add               |       |                         |                          |
| <input type="checkbox"/> Remove            |       |                         |                          |

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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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 \_\_\_\_\_"  
(voting group)

Dated May 20, 2024

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)

William Gaston

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

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