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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LENSUR CORP Account Number : I20180000038

: (305)364-8824

Fax Number : (305)364-8824

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TANGO AIR CORP

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TO: Amendment Section

COVER LETTER

| Division of Co | porations | | |
|---|--|--|--|
| NAME OF CORPO | DRATION: TANGO AIR COL | RP | |
| DOCUMENT NUM | 4BER: P11000054183 | | |
| | es of Amendment and fee are st | abmitted for filing. | |
| Please return all con | respondence concerning this ma | atter to the following: | |
| | LAURA PERDOMO | | |
| | | Name of Contact Perso | n |
| | PRESIDENT | | |
| | | Firm/ Company | |
| | 6447 MIAMI LAKES DR E | AST STE 103 F | |
| | | Address | |
| | MIAMI LAKES, FL 33014 | | |
| | | City/ State and Zip Cod | c |
| lons | ur-accounting@live.com | | |
| - | | sed for future annual report | notification) |
| | 7. man address. (10 00 u. | oca for touris primar report | notticution |
| For further informati | on concerning this matter, please | se call: | |
| LAURA PERDOMO | <u> </u> | nt (| 3648824 |
| Nany | e of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check: | for the following amount made | payable to the Florida Dept | artment of State: |
| S35 Filing Fee | ☐S43.75 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 Talkhassee, N.J. 32314 | | | Address |
| | | | Iment Section |
| | | | on of Corporations Building |
| | | | vecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| TANGO AIR CORP | | | | |
|---|---|---------------|-------------|----------|
| (Name of Corpo | oration as currently filed with the Florida Dept. of State) | | | |
| P11000054183 | | | | |
| (De | ocument Number of Corporation (if known) | | | • |
| Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation: | lorida Statutes, this Florida Profit Corporation adopts the fo | llowing ame | ndmei | ıt(s) t |
| A. If amending name, enter the new name of the | he corporation: | | | |
| | | The | מפוע | |
| "Corp.," "Inc.," or Co.," or the designation "C | word "corporation," "company," or "incorporated" or Corp," "Inc," or "Co". A professional corporation name | the abbrevi | iatton | |
| word "chartered," "professional association," or | r the abbreviation "P.A." | | ä | 77 |
| B. Enter new principal office address, if applic | eable: | 333 | િ | Ī- |
| (Principal office address MUST BE A STREET | | ; | 70 | 7 |
| | | | <u> </u> | Ĺ |
| | | `` | | |
| | | | E | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | (BOX) | | | |
| | | | | |
| | | | | |
| | | , | | |
| | | | တ | |
| If amending the registered agent and/or reg new registered agent and/or the new registered. | ristered office address in Florida, enter the name of the | - <u></u> | 6 | |
| new registered agent and/or the new registe | red timee address. | - 1 | [19 | <u> </u> |
| Nume of New Registered Agent | , and 14 graph at the state of | | | |
| | | `•• | ~0 .X | [T] |
| | (Florida street address) | | PH 12: | |
| | et 11 | : | 3 | |
| New Registered Office Address: | , Florida, Florida | (Zip Code) | <u> :4</u> | |
| | • • | , | | |
| | | | | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as registered age | ent. I am familiar with and accept the obligations of the pos | ition. | | |
| | | | | |
| | | | | |
| | Orange of the Barbara Laboratory | | | |
| • | Signature of New Registered Agent, if changing | | | |

If amending the Officers and/or Directors, enter the fille 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| X_Change | <u>PT</u> | John Doc | |
|----------------------------|--------------|---------------|---------------------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| ∴X ∧dd | <u>\$V</u> | Saily Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P/S | LAURA PERDOMO | 6447 MIAMI LAKES DR FAST |
| | | | STE 103F |
| X Remove | | | MIAMI LAKES, FL 33014 |
| 2) Change | P/S | ILIANA CRUZ | 6447 MIAMI LAKES DR EAST |
| X Add | | | STE 103F |
| Remove | | | MIAMI LAKES, FL 33014 |
| 3) Change | | · | |
| | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | •••• |
| Add | | | |
| , Remove | | | |
| 6) Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |

. . .

| (Attai | E. If smending of adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | |
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| pro | nmendment provides for an exchange, reclassification, or cancellation of issued shares, islans for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A) | | |
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| | 10/19/2018 | |
|---|---|--------------------------|
| The date of each amendment(s) a date this document was signed. | adoption: | , if other than the |
| - | 19/2018 | |
| Effective date if applicable: | 1972016 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date we partment of State's records. | ill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ac by the shareholders was/were s | lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): | |
| | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were ad action was not required, | lopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ad action was not required. 10/19/201 Dated | lopted by the incorporators without shareholder action and shareholder | |
| Signature | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | |
| | LAURA PERDOMO | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |