

P11000105202

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H12000143492 3)))



H120001434923ABC-

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CAMIWINGS AIRWAYS, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Amend @ 4/4/12



June 1, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAMIWINGS AIRWAYS, INC  
1561 ESTANCIA CR  
WESTON, FL 33327US

SUBJECT: CAMIWINGS AIRWAYS, INC  
REF: P11000105262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page is missing.

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Irene Albritton  
Regulatory Specialist II

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Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN -1 AM 9:25

**CAMIWINGS AIRWAYS, INC**

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

**P11000105262**

(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)

**883 SAN REMO DR**  
**WESTON, FL 33326**

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**883 SAN REMO DR**  
**WESTON, FL 33326**

**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* **TORRES-MONCADA, DAVID**

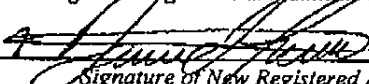
**883 SAN REMO DR**

(Florida street address)

*New Registered Office Address:* **WESTON**, Florida **33326**  
(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

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 PDT.

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 (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PDT</u>	<u>SANIN, MARIA C</u>	<u>1551 ESTANCIA CR</u> <u>WESTON, FL 33327 US</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PDT</u>	<u>TORRES- MONCADA, DAVID</u>	<u>883 SAN REMO DR</u> <u>WESTON, FL 33326</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
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	_____	_____	_____



The date of each amendment(s) adoption: 05/31/2012

Effective date if applicable: 05/31/2012  
*(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.

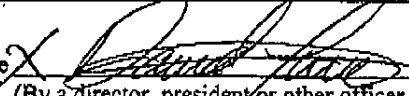
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
*(voting group)*

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 05/31/2012

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)*

**DAVID TORRES-MONCADA**  
*(Typed or printed name of person signing)*

**PRESIDENT**  
*(Title of person signing)*