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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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TALLAHASSEF FRANK

COVER LETTER

TO: Amendment Section **Division of Corporations** DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

1.1.101.0	of		
AA TOP AIR, COI	\mathcal{P}_{\cdot}		
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	-	
P12.00002741	2	_	
(Document Number of Con	rporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the	followin	ng
A. If amending name, enter the new name of the corporation	on:		
NIA		The ne	w
name must be distinguishable and contain the word "corporati	on" or "incorporated" or the abbreviation "Corp."	or "Inc.	**
"Company" or "Co." may not be used in the name.	$\lambda I I \Omega$		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	-	
(1 melpa office and the state of the state o		-	
		_	
C. Enter new mailing address, if applicable:	111		
(Mailing address MAY BE A POST OFFICE BOX)	<i>NIA</i>	_	
		-	
·		-	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad			
\wedge	/ <u>A</u>		
Name of New Registered Agent:	I I T		
			
New Registered Office Address:	Florida street address)		
	, Florida		
(City)	(Zip Sode	7	
New Registered Agent's Signature, if changing Registered A		13 OC1	
I hereby accept the appointment as registered agent. I am fam		<u> </u>	<u> </u>
	N/H SSE	7	Ĺ
THE Signature of New I	Registered Agent, if changing	- P	1
P	age 1 of 4	Ŧ.	
	<u> </u>	29	

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 X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	9 CFO	ANNETTE HERNAN	dez same
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			13 OCT 17 SECRETARY TALLAHASSE
5) Change Add Remove			2 1 T C 2 2 C C C C C C C C C C C C C C C C
6) Change Add Remove			

L. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
TO THE STREET	
The state of the s	

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4 *** ***	

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)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 10 109 13	
Signature	
(By the chairman or the hourd, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Adrian Soroa	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	

FILED

13 OCT 17 PM 4: 29

SECRETARY OF SMALE