P13000099790

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	1011.	11 AIR, INC	
DOCUMENT NUMBER	:P1	3000099790	
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
		ZEEVI, LIOR	
		Name of Contact Person	
		911 AIR, INC) .
	(*	Firm/ Company	
	4948 SV	V 29TH TERF	RACE
		Address	
	FORT LA	UDERDALE,	FL 33312
		City/ State and Zip Code	2
	INFO@	911AIRINC.C	OM
		ed for future annual report	
For further information concerning this matter, please call:			
OFER YT	AH	at (954	638-3661
Name of C	ontact Person		de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Divisior P.O. Bo	Address ment Section to of Corporations x 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment Articles of Incorporation

911 AIR, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P13000099790

nt(s) to

(Document Number of Corporation (if known)	own)	_	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following	ng ame	endmei
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must	ıbbrevi	new iation in the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		_	
-		_	
_		_	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		_	
	·	1	
-		_ 	
_		_‰	
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the	Ö	[T]
new registered agent and/or the new registered office address:	in Florida, enter the name of the	72	$\overline{\Box}$
None of New Projection of Acres	with	£_	
Name of New Registered Agent		50	
		0	
(Florida street a	ddress)		
New Registered Office Address:	, Florida	_	
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: 1 hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.		
Signature of New Registered Agen	nt 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.

X Change	<u>PT</u> <u>Joh</u>	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name ·	<u>Addres</u> s
1) Change	PD	BEN SHIMON, LIRON	17201 COLLINS AVE APT
Add			2608 SUNNY ISLES
Remove			BEACH, FL 33160
2) Change	TD	YTAH,OFER	4001 SOUTH OCEAN DR
Add	- 		APT 3H HOLLYWOOD
Remove			FLORIDA 33019
3) Change	Р	ZEEVI, LIOR	4948 SW 29TH TERR
Add			FORT LAUDERDALE
Remove	,		FLORIDA 33312
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	AND THE RESERVE OF THE PARTY OF

f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enument it not contained in the amendment (isen.

The date of each amendment(s) add	option:	, 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)	(<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.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
'The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	nted by the incorporators without shareholder action and shareholder	
Dated	3/14/2014	
Signature	23° 78 /8	
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	OFER YTAH	
-	(Typed or printed name of person signing)	
	TD	
-	(Title of person signing)	