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04/11/19--01017--023 **35.00



C. GOLDEN APR 1 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BOLIVIANA DE AVIACION-BOA MIAMI, INC

DOCUMENT NUMBER: P14000010032

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

Please return all correspondence concerning this matter to the following:

Edward Montova

Name of Contact Person

Montoya Law, P.A.

Firm/ Company

9155 South Dadeland Blvd, Suite 1200

Address

Miami, FL 33156

City/ State and Zip Code

info@montoyalawfirm.com

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

For further information concerning this matter, please call:

 Edward Montoya
 at (305)
 445-9292

 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
 ■ \$35 Filing Fee
 ■ \$43.75 Filing Fee & Certified Copy
 ■ \$600 Certificate of Status
 ■ \$600 Certified Copy
 ■ \$600 Certified Copy</li

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation r.

	Articles of I	ncorporation of	FIED
BOLIVIANA DE AVIACION-BOA MI	AMI, INC		2019 APR 11 PH 5: 01
(<u>Name</u>	of Corporation as curren	ntly filed with the Florida D	
P14000010032			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporatio	<i>n</i> adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corp "P.A."	prporated" or the abbreviation poration name must contain the
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		N/A	
C. <u>Enter new mailing address, if appl</u> (Mailing address <u>MAY BE A POST</u>		N/A	
D. <u>If amending the registered agent ar</u> new registered agent and/or the new			name of the
Name of New Registered Agent	N/A		
	(Florida :	street address)	
New Registered Office Address:	N/A		Florida
<u>, , , , , , , , , , , , , , , , , </u>		(City)	(Zip Code)

. . .

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• :

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent. Tam 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 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:

Remove

· :

<u>X</u> Change	<u>T4</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	v	Rocio Esdenka Claure Castellon	8725 NW 18TH TERRACE
XAdd			Suite 100
Remove			MIAMI, FL 33172
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

(Attach addition	nal sheets, if necessary)	<mark>rticles, enter_change</mark>). (Be specific)	- <u>, , , , , , , , , , , , , , , , , , , </u>		
N/A		, , ,			
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F. If an amendm	ient provides for an ex	change, reclassifica	tion, or cancellation	of issued shares,	
provisions fo	r implementing the an plicable, indicate N/A)	<u>nendment if not con</u>	itained in the amend	<u>ment itself:</u>	
N/A					
			·		
		<u> </u>			

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 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.

04/02/19 Dated Mullun 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)

ADOLFO GARCIA - PINEDO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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