P140000 80119

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OCT 1 8 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Avex VI Corp.	, <u>, , , , , , , , , , , , , , , , , , </u>	
DOCUMENT NUMI	P14000080719		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Scott C. Burgess		
		Name of Contact I	Person
	Aviation Legal Group, P.A.		
		Firm/ Compar	ny
	5525 NW 15th Avenue, Suite	e 301A	
		Address	
	Fort Lauderdale, FL 33309		
		City/ State and Zip	p Code
alliso	ns@aviationlegalgroup.com		
	E-mail address: (to be us	sed for future annual r	report notification)
For further informatio	n concerning this matter, pleas	se call:	
Allison Sass		at (763-5565
Name	of Contact Person	Are	ea Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida	Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	Certificate of Status
Anic Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	A D C	Street Address Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Avex VI Corp.		
(Name of Corpor	ration as currently filed with the Florida Dept. of State)	
P14000080719		
(Do	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Flo its Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporation</i> adopts the fo	llowing amendment
A. If amending name, enter the new name of the	e corporation:	
		The new
	word "corporation," "company," or "incorporated" or or or or "Inc." or "Co". A professional corporation name the abbreviation "P.A."	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:	LYTTYIL - I
Name of New Registered Agent		
		<u> </u>
	(Florida street address)	五 至
New Registered Office Address:	, Florida	
	(City)	(Zip Gode) C:
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the pos	ition.
	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, 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; F= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each c 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. The 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, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	þ	John M. Hudson	5525 NW 15th Avenue
X Add			Suite 301A
Remove			Fort Lauderdale, FL 33309
2) Change	P	Scott C Burgess	5525 NW 15th Avenue
Add			Suite 301A
X Remove			Fort Lauderdale, FL 33309
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here; (Be specific)	
		
	. <u></u>	<u>.</u> .
		
		-
provisions for implementing the ame	ange, reclassification, or cancellation of issundment if not contained in the amendment i	ued shares, tself:
Of not annlicable, indicate $X(A)$		
(if not applicable, indicate N/A)		
(If not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(If not applicable, indicate N/A)		
(If not applicable, indicate N/A)		
(If not applicable, indicate N/A)		
(If not applicable, indicate N/A)		

The date of each amendment(s) adoption:, if other	tha
late this document was signed.	
Effective date <u>if applicable</u> :	-
(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 list document's effective date on the Department of State's records.	ed a
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
September 13, 2019 Dated	
Signature & GM Mh	
(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)	
John M. Hudson	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	•