P15000063696

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: SKYWAY AIRLIN	IES CORP	·
DOCUMENT NUM	P15000063696		-
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	CARELIZ LEAL	,	
		Name of Contact Persor	· · · · · · · · · · · · · · · · · · ·
	SKYWAY AIRLINES CORF	3	
1		Firm/ Company	
	3426 W 84 ST SUITE 102		;
		Address	
	HIALEAH FL 33018		
		City/ State and Zip Cod	e
· info(@12consultingservices.com		
	-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se cali: 954	. 8064786
Name	of Contact Person	ai (Area Co	de & Daytime Telephone Number
	or the following amount made		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division Cliftor 2661 1	Address Idment Section In on of Corporations In Building Executive Center Circle In assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SKYWAY AIRLINES CORP

(Name of Corporation as current	y filed with the Florida Dept. of State)
P15000063696	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
·	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain 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)	
•	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	·
:	
(Florida s	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
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 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>	John Do	00		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally St	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
l) Change	D		LUIS A PALLARES		3426 W 84 ST SUITE 102
X Add		. •			HIALEAH FL 33018
Remove			•		
2) Change		<u>.</u>			
Add					
Remove				•	
3) Change		 -		_ 	
Add					
Remove					
4) Change	· ·			_	
Add			·		
Remove					
5) Change		_			****
Add					
Remove					
6) Change					
Add				 .	
Remove					

E. If amending or adding addition	nal Articles, enter change(s) here:	
(Attach additional sheets, if nece	ssary). (Be specific)	
N/A		
,		
· · · · · · · · · · · · · · · · · · ·		,
- <u> </u>		,
•		
F. If an amendment provides for	an exchange, reclassification, or cancell	ation of issued shares,
provisions for implementing (if not applicable, indicate	the amendment if not contained in the a	mendment itself:
., .,	· · · · · · · · · · · · · · · · · · ·	
N/A		
:		

	06/16/2016	•
The date of each amendment(s) adoption date this document was signed.	on:	, if other than th
06/16/201	6	· · ·
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, this danent of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(sent for approval.	:)
	d by the shareholders through voting groups. The following statema is voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	er
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
06/16/2016		
DatedSignature	listeal	
(By a direct selected, by	ob, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other coulductary by that fiductary)	
CA	RELIZ LEAL	
	(Typed or printed name of person signing)	
VIC	CE PRESIDENT	·
	(Title of person signing)	