

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900306014309

11/28/17--01020--029 \*\*35.00

R. WHITE 80V 29 2017 17 NOV 27 PH 2:54

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	n		
<b>P</b> 17000078999			
DOCUMENT NUMBER:			<u>,</u>
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Michael Diaz Guarini			
	(Name of Contact	Person)	
Airem Corporation			
	(Firm/ Compa	ny)	
900 West 49 St Suite 330			
	(Address)		
Hialeah Florida 33012			
	(City/ State and Zip	Code)	
mikediazguarini@gmail.com			
E-mail address: (to be us	sed for future annual re	eport notificatio	n)
For further information concerning this matter, plea	se call:		
Michael Diaz Guarini		305	4567705
(Name of Contact Pers	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee	& \$\Bar{\text{S}}\\$43.75 Filing Fe s Certified Copy (Additional copy enclosed)	Certif ris Certif (Addi	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address amendment Sect Division of Corpolition Building	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

FILED

## Articles of Incorporation 7 NOV 27 PH 2: 54

N/A	Airen	The	`	SEC		:: ::
	(Name of Corporation	as curren	tly filed w	vith the Fide	Ida Dept: of State)	EA -
N/A					,	
	(Docu	nent Numb	er of Corp	ooration (if kr	nown)	
Pursuant ( amendme	to the provisions of section 617.1006, Flo nt(s) to its Articles of Incorporation:	rida Statute	es, this <i>Flo</i>	orida Not Foi	r Profit Corporation	adopts the following
	ending name, enter the new name of th	e corporat	ion:			
N/A						The new
name mus "Compan	st be distinguishable and contain the word ty" or "Co," may not be used in the nam	l "corpora. →	tion" or ".	incorporated	or the abbreviation	n "Corp." or "Inc."
			900 WES	tiu2 12 QL T2	e 330, Hialeah, Fl 33	1012
	new principal office address, if applical office address MUST BE A STREET A				e 7500 marcan, 11 55	
	Syste undress Stope Dr. A STREET A	1717K1233	, <u>.</u>			
					<del></del>	
	r new mailing address, if applicable: ing address <u>MAY BE A POST OF</u> FICE	ROY)	900 WES	ST 49 St Suit	e 330, Hialeah, Fl 3	3012
1.74.44.0		<u>15(723</u> )		<del> </del>		<del></del>
D. Hame	ending the registered agent and/or regi	stored offic	re address	s in Florida	anter the name of t	h.a.
new r	egistered agent and/or the new register	ed office a	<u>ddress:</u>	s in r torigia,	enter the name of t	<u>ac</u>
	Name of New Registered Agent:	N/A				
	the state of the s		<del></del> :			
				· iFh	orida street address)	<del></del> -
	New Registered Office Address:					
					, Florid	da
			(City)			Code)
New Regi	istered Agent's Signature, if changing I	lanistarad	Agent			
hereby a	eccept the appointment as registered agen	t. I am fai	niliar with	i and accept i	the obligations of the	e position.
	_					
		Si	gnature oj	f New Registe	ered Agent, if changi	<u></u> пg

## 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	<u>V</u> <u>N</u>	ohn Doe fike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Michael Diaz Guarini	900 West 49 ST Suite 330, Hialeah
X Add			FI 33012
Remove			
2) Change			
Add			
Remove			
3 ) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).—(Be specific)				
None				

11-13-2017	28 4 4 4
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
11-13-2017 Effective date if applicable:	
(no more than 90) days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the was/were sufficient for approval.	e amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	t(s) was/were
Signature  (By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	
Ernesto Maita	
(Typed or printed name of person signing)	
President	
(Title of person signing)	