## P17000090517

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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Office Use Only



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ELCREIAN COF STAIL



## **COVER LETTER**

TO: Amendment Section Division of Corporations

.

| NAME OF CORPO                              | ORATION: Above Ground Lev                   | el Aerospace, Corp  |  |  |  |  |
|--|---|---|--|--|--|--|
| DOCUMENT NUM                               | IBER: P17000090517                          |   |  |  |  |  |
|  | es of Amendment and fee are su              | bmitted for filing.   |  |  |  |  |
| Please return all cor                      | respondence concerning this ma              | tter to the following:  |  |  |  |  |
|  | Dorys Aracena                               |   |  |  |  |  |
|  | <del>-</del>                                | Name of Contact Perso   | n  |  |  |  |
|  | Above Ground Level Acrospace, Corp          |   |  |  |  |  |
|  |   | Firm/ Company   |  |  |  |  |
|  | 12220 SW 129th Court                        |   |  |  |  |  |
|  | Address                                     |   |  |  |  |  |
|  | Miami, FL 33186                             |   |  |  |  |  |
|  | City/ State and Zip Code                    |   |  |  |  |  |
|  | accounting@aglaerospace.com                 |   |  |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report  | notification)  |  |  |  |
| For further informat  Dorys Aracena        | on concerning this matter, plea             |   | 808-6840   |  |  |  |
|  | e of Contact Person                         | at (<br>Area Co   | 3808-6840<br>de & Daytime Telephone Number   |  |  |  |
| Enclosed is a check                        | for the following amount made               |   |  |  |  |  |
| S35 Filing Fee                             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address                            |   | Street Address Amendment Section  |  |  |  |  |
| Amendment Section Division of Corporations |   | Amendment Section Division of Corporations                                  |  |  |  |  |
| P,   | D. Box 6327                                 | The Centre of Tallahassee   |  |  |  |  |
| Tallahassee, Ft. 32314                     |   | 2415 N. Monroe Street, Suite 810  |  |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

| Above Ground Level Aerospace, Corp  | · ice  |
|---|--|
| (Name of Corporatio   | on as currently filed with the Flat A port, of State)  |
| P17000090517  | SEC. 100   |
| (Docum  | ent Number of Corporation (if known) LAHASSEE TATE   |
| Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation:  | Statutes, this Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the co   | rporation:   |
|   | The new  |
| name must be distinguishable and contain the word "co<br>"Inc.," or Co.," or the designation "Corp," "Inc,"<br>"chartered," "professional association," or the abbrev   | rporation," "company," or "incorporated" or the abbreviation "Corp.,"<br>'or "Co" - A professional corporation name must contain the word viation "P.A." |
| B. Enter new principal office address, if applicable:   | :  |
| (Principal office address <u>MUST BE A STREET ADD</u>   |  |
|   |  |
|   |  |
| C. Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BO)   | <u> </u>   |
|   |  |
|   | <del></del>  |
|   |  |
| D. If amending the registered agent and/or register   | ed office address in Florida, enter the name of the  |
| new registered agent and/or the new registered of   |  |
| Name of New Registered Agent  |  |
| Same of New Registered Agent  |  |
|   |  |
|   | tFlorida street address)   |
| New Registered Office Address:  | , Florida  |
|   | (City) (Zip Code)  |
|   |  |
| N. D. Starter and A. Starter and G. | Samuel America   |
| New Registered Agent's Signature, if changing Regi<br>I hereby accept the appointment as registered agent. I  | istered Agent:<br>I am familiar with and accept the obligations of the position.   |
|   |  |
|   |  |
|   |  |
| Signa   | ture of New Registered Agent, if changing  |
| Check if applicable   |  |
| sansas a nipipus nare   |  |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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  | <u>oe</u>         |                      |
|-------------------------------|-----------------|----------|-------------------|----------------------|
| X Remove                      | $\underline{V}$ | Mike Jo  | ones .            |                      |
| X Add                         | <u>8V</u>       | Sally Sr | <u>nith</u>       |                      |
| Type of Action<br>(Check One) | <u>Title</u>    |          | <u>Name</u>       | <u>Addres</u> s      |
| 1) Change                     | S               |          | Yolanda Rodriguez | 12220 SW 129th Court |
| Add                           |                 | _        |                   | Miami, FL 33186      |
| X Remove                      |                 |          |                   |                      |
| 2) Change                     |                 | _        |                   |                      |
| Add                           |                 |          |                   |                      |
| Remove 3.) Change             |                 | _        |                   |                      |
| Add                           |                 |          |                   |                      |
| Remove                        |                 |          |                   |                      |
| 4) Change                     |                 |          |                   |                      |
| Add                           |                 |          |                   |                      |
| Remove                        |                 |          |                   |                      |
| 51 Change                     |                 | _        |                   |                      |
| Add                           |                 |          |                   |                      |
| Remove                        |                 |          |                   |                      |
| 6) Change                     |                 | _        |                   |                      |
| Add                           |                 |          |                   |                      |
| Remove                        |                 |          |                   |                      |
|                               |                 |          |                   |                      |

| <u>famending or adding additional :</u><br>Attach <i>additional sheets, if necessar</i> | y). (Be specific)                     |                         |             |   |
|---|---------------------------------------|-------------------------|-------------|---|
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| f an amendment provides for an e  | exchange, reclassification,           | or cancellation of issu | ied shares. |   |
| provisions for implementing the a<br>tif not applicable, indicate NA                    | <u>imendment if not containe</u><br>) | d in the amendment i    | tself:      |   |
|   |                                       |                         |             |   |
|   |                                       |                         |             |   |
|   |                                       |                         |             |   |
|   |                                       |                         |             |   |
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|   |                                       |                         |             |   |

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|  | 07/31/2024  |  |
|--|---|--|
| The date of each amendment(s                                       | adoption:   | , if other than the                              |
| date this document was signed.                                     | 7(31/2024   |  |
| 0<br>Effective date <u>if applicable</u> :                         | 7/31/2024   |  |
| <u></u>  | (no more than 90 days after amendme)  | u file date)                                     |
| Note: If the date inserted in thi document's effective date on the | block does not meet the applicable statutory filing r<br>Department of State's records.   | equirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |  |
| ■ The amendment(s) was/were action was not required.               | adopted by the incorporators, or board of directors with  | out shareholder action and shareholder           |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast sufficient for approval.  | for the amendment(s)                             |
| must be separately provided  | upproved by the shareholders through voting groups. To each voting group entitled to vote separately on the   | amendment(s):                                    |
| "The number of votes co  | ist for the amendment(s) was/were sufficient for appro-   | val  |
| by   | 4.  | ·"   |
|  | (voting group)  |  |
| selec  | diffector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, inted fiduciary by that fiduciary) |  |
|  | Dorys Aracena   |  |
|  | (Typed or printed name of person signin   | g)   |
|  | Vice President  |  |
|  | (Title of person signing)   |  |