## P17000 101536

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	AVAIR SERVI	CES INC			
DOCUMENT NUMBER:	P17000101536				
The enclosed Articles of Amend	<i>ment</i> and fee are su	abmitted for filing.			
Please return all correspondence	concerning this ma	atter to the following:			
PAOLA A	A PEZOA				
	. <u>-</u>	Name of Contact Perso	n		
AVAIR S	AVAIR SERVICES INC				
	- <del></del>	Firm/ Company			
10050 NV	10050 NW 51 ST LANE				
	Address				
MIAMI F	L 33178				
		City/ State and Zip Cod	e		
P.PEZOA@AC	HIEVE.COM / PA	OLA.PEZOA@AV-AIR.C	OM		
E-ma	il address: (to be u	sed for future annual report	notification)		
		·			
For further information concerni	ng this matter, plea	se call:			
PAOLA A PEZOA		786	603-0254		
Name of Contact	Person		de & Daytime Telephone Number		
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:		
	3.75 Filing Fee & rtificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
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 Incorpo	ration
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A	of	E 11	a n
$\Delta$	Vaic Secui	CPS TINE	
(Name of Corporat	tion as currently filed with	the Florida Dept. of Sta	<u>re</u> )
P	17000101	53 CHIII SEP 1	P by 1: Sd
(Docu	ment Number of Corporatio	n (if known) SACEL TAS	Y MEGALE
Pursuant to the provisions of section 607.1006, Floric	la Statutae this Florida Pro		SEE', FLORIGA
its Articles of Incorporation:	la Statutes, tilis 1 tortuu 1 ro	ja Corporation adopts the	Tonowing amendment(s) to
A. If amending name, enter the new name of the c	ornoration:		
ACHIEVE AIRPORT AND AVIATION INC	<u>or por account</u>		
name must be distinguishable and contain the wo	ud Bananautina 2 Banana	mi " on "important"	The new
"Corp.," "Inc.," or Co.," or the designation "Corp			
word "chartered," "professional association," or the			
B. Enter new principal office address, if applicabl	e:		
(Principal office address MUST BE A STREET AD.			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)		
indiang dual to Military DE 111 GGT GT TTEN DE	<u></u>		
	<del></del>	<del>_</del>	<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		da, enter the name of the	•
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ent the oblivations of the r	position.
and the second s		y and a management of the p	
Sign	ature of New Registered Ag	ent, 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: X Change	<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>		Address
1) Change				
Add				
Remove				
2) Changa				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Chango				
4) Change		- ·-	<del></del>	-
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u>.</u>	
<u> </u>	
<del></del>	<u> </u>
<del></del>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi appucaoie, maicaie NA)	
·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  to more than 90 days after amendment file de	<u> </u>
(no more than 90 days after amendment file de	ite)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendments.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	reholder
09/10/2019 Dated	
Signature Prode Peroe	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	re not been
PAOLA A PEZOA	
(Typed or printed name of person signing)	
OWNER / PRESIDENT	
(Title of person signing)	