# 018000058353

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	LAND T SEMINOLE SOARING	<u>G PROPERTY INC</u>
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DOCUMENT NUMBER: P18000058353

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_	ANGE	ELICA MIHAELA LUCUI	LESCU
		Name of Contact Perso	
	L AND T SI	EMINOLE SOARING PR	OPERTY INC
-		Firm/ Company 4024 SOARING LANE	
-		Address	
_		CLERMONT, FL 3471-	4
		City/ State and Zip Cod	e
		office@soarfl.com	¥
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ANGELICA MIHAEL	A LUCULESCU		
		at ( 352	, 396-3701
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment of State:
□X \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy

Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

enclosed)

(Additional Copy

is enclosed)

### Articles of Amendment

to

## Articles of Incorporation

of

<u>L AND T SEMINOLE SOAR</u>	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000058	3353
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> to its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET	
ADDRESS )	14 to - <del>50</del> 6.
C. Enter new mailing address, if applicable;	9 FR
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<del></del>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, 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 Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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.

# Example: X Change PTJohn Doe X Remove Mike Jones X Add Sally Smith Type of Action Title MIHAI TANJALA 4624 CARING LAHE CLERHONT FL34714 Change X Add Remove — Change – Add \_ Remove 3) \_\_\_ Change $\_$ Add Remove Change AddRemove Change Add Remove

tach <i>additional shee</i>	ets, if necessary). (	Be specific)	<u>) here</u> :		
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<u>in amendment pro</u> ovicions for imple	vides for an exchan menting the amend	<u>ge, reclassificatio</u> ment if not contai	n, or cancellatio	<u>n of issued Shares</u> dmont itealf:	ta .
(if not applicable	indicate N/A)	nene n not Contai	ned in the anen	different (tsen)	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (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 document's effective date on the Department of State's records.	not be listed as the
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.	
Dated JULY (051, 2018)	
Signature	
(By a director, president of 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)	_
ANGELICA- HitTHELA LUCUCESE.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	