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COVER LETTER

TO: Amendment Section Division of Corporations

2010 OCT -4 AHII: 56

NAME OF CORPO	RATION: MMPACT	T AERIAL	INC,
DOCUMENT NUM	$\Omega \circ \alpha = \alpha$	081597	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Mic	chael Mille	.R
		Name of Contact Perso	n
	mmPa	act Aerial Firm/Company	Inc.
		Firm/ Company	
	14501	SW 37 Av	renve
	M	iami Fl, City/ State and Zip Cod	33176
		•	
	mmpactae	rialogmai	l, com
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Mich	ad Miller	at (786	,4026463
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
· · · · · · · · · · · · · · · · · · ·	ling Address		Address Iment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

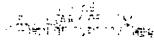
2661 Executive Center Circle

Clifton Building

Articles of Amendment

to Articles of Incorporation





mmpac	t Aeria	Inc.	2018 OCT -4	AH 11: 56
(Name of Corpora	ation as currently	filed with the Flori	da Dept. of State)	
PI	80008	1597		
(Doc	ument Number of	Corporation (if know	/n)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this F	lorida Profit Corpo	ration adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or $Co.$," or the designation "Coword "chartered," "professional association," or the designation of the contact of the co	rp," "Inc," or "C	o". A professional		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X</u>)			
D. If amending the registered agent and/or regis new registered agent and/or the new registered		ss in Florida, enter	the name of the	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
The stage of the s	(6	City)		Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ith and accept the ob	nlivations of the nositi	on
тистем, чесерь иле чругалинет ча гединегой чдели	. Cun juninsur W	ана чесерь те оп	gaman oj trie positi	
Si	gnature of New Re	gistered Agent, if ch	anging	

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)

Example.

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Itailey E, Miller	14501 SW87 Avenu
Add		Itailey E. Miller	Miami, Fl. 33176
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
·	
	
If an amandment provider for an eval	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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) (CHECK ONE)	
☐ 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	
hy" (voting group)	
(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 10/2/2018 Signature 11/10/2	
Signature VV	
(By a director, president or 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)	
Michael G. Miller	
(Typed or printed name of person signing)	
Pres	
(Title of person signing)	