P19 0000040605

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T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

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| NAME OF CORPO           | RATION: AIRCARGO MIA                                                         | MI-CR CORP                                                                  |                                                                                        |
|-------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                         | BER: P19000040605                                                            |                                                                             |                                                                                        |
|                         | of Amendment and fee are st                                                  | abmitted for filing.                                                        |                                                                                        |
| Please return all corre | spondence concerning this ma                                                 | otter to the following:                                                     |                                                                                        |
|                         | CRISTINA CALVO ARAY                                                          | A                                                                           |                                                                                        |
|                         |                                                                              | Name of Contact Perso                                                       | n                                                                                      |
|                         | AIRCARGO MIAMI-CR CO                                                         | )RP                                                                         |                                                                                        |
|                         |                                                                              | Firm/ Company                                                               |                                                                                        |
|                         | 1325 NW 93TH CT UNIT B                                                       | Ш                                                                           |                                                                                        |
|                         |                                                                              | Address                                                                     |                                                                                        |
|                         | DORAL, FL 33172                                                              |                                                                             |                                                                                        |
|                         |                                                                              | City/ State and Zip Cod                                                     | e e                                                                                    |
| chani                   | x79@hotmail.com                                                              |                                                                             |                                                                                        |
|                         | E-mail address: (to be u                                                     | sed for future annual report                                                | notification)                                                                          |
| For further informatio  | a concerning this matter, plea                                               | se call:                                                                    |                                                                                        |
| CRISTINA CALVO          | VRAYA                                                                        | 786<br>at 1                                                                 | 499-6685                                                                               |
| Name (                  | of Contact Person                                                            | at (786 ) 499-6685  Area Code & Daytime Telephone Numbe                     |                                                                                        |
| Enclosed is a check fo  | r the following amount made                                                  | payable to the Florida Depa                                                 | ortment of State:                                                                      |
| 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) |
| Ame<br>Divi<br>P.O.     | ling Address endment Section sion of Corporations Box 6327 thassee, FL 32314 | Amend<br>Divisio<br>Clifton                                                 | Address Iment Section on of Corporations Building Executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curren                                                                                                                                                                     | ntly filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
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| P19000040605                                                                                                                                                                                       | in the second se |                            |
| (Document Number                                                                                                                                                                                   | of Corporation (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |
| Pursuant to the provisions of section 607,1006, Florida Statutes, thi<br>its Articles of Incorporation:                                                                                            | is Florida Profit Corporation adopts the following amen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | idment(s)                  |
| A. If amending name, enter the new name of the corporation:                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| N/A                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | new                        |
| name must be distinguishable and contain the word "corporat<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ition<br>1 the             |
| R. Unter now principal office address: if anothers is                                                                                                                                              | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
| B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
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| C. Enter new mailing address, if applicable:                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                         | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
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|                                                                                                                                                                                                    | Pro .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |
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| D. If amending the registered agent and/or registered office ad                                                                                                                                    | dress in Florida, enter the name of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -r;                        |
| new registered agent and/or the new registered office addre                                                                                                                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
| Name of New Registered Agent N/A                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , "Jang                    |
|                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | * # #<br>* <del>****</del> |
| (Florida y                                                                                                                                                                                         | street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | الميسة ا                   |
| New Registered Office Address: N/A                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| May Registered Office Address:                                                                                                                                                                     | (Civ) , Florida (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |
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| New Registered Agent's Signature, if changing Registered Ager                                                                                                                                      | nt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |

Signature of New Registered 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          | <u>PT</u>    | John Doe             |                    |
|----------------------------|--------------|----------------------|--------------------|
| X Remove                   | <u>Y</u>     | Mike Jones           |                    |
| X Add                      | <u>sv</u>    | Sally Smith          |                    |
| Type of Action (Check One) | <u>Title</u> | Name                 | <u>Addres</u> s    |
| 1) Change                  | VP           | CRISTINA CALVO ARAYA | 2238 NW 5TH STREET |
| Add                        |              |                      | MIAMI, FL 33142    |
| X Remove                   |              |                      |                    |
| 2) Change                  |              |                      |                    |
| Add                        |              |                      |                    |
| Remove                     |              |                      |                    |
| 3.) Change                 |              |                      | <del></del>        |
| Add                        |              |                      | 19 C               |
| Remove                     |              |                      | 0C1 2              |
| 4) Change                  |              |                      |                    |
| Add                        |              |                      | 95 T               |
| 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)                                                          |             |                 |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|----------------|
| N/A                                                                                                                                                                                  |             |                 |                |
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|                                                                                                                                                                                      | <u> </u>    | 19              |                |
|                                                                                                                                                                                      | 첉           | 33              | 'n             |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | :           |                 | ~ ~~           |
| (if not applicable, indicate N/A)                                                                                                                                                    | :           | _               | :              |
| N/A                                                                                                                                                                                  |             | PH              | : 17           |
|                                                                                                                                                                                      |             | - <del></del> - | <u>:</u> _!    |
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| The date of each amendmen             | 10/16/19<br>It(s) adoption:                                                                                                                                                                                 | if other than the   |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| date this document was signed         |                                                                                                                                                                                                             |                     |
| Effective date <u>if applicable</u> : | 10/16/19                                                                                                                                                                                                    |                     |
|                                       | (no more than 90 days after amendment file date)                                                                                                                                                            |                     |
|                                       | this block does not meet the applicable statutory filing requirements, this date will no<br>the Department of State's records.                                                                              | it be listed as the |
| Adoption of Amendment(s)              | ( <u>CHECK ONE</u> )                                                                                                                                                                                        |                     |
|                                       | are adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.                                                                                                |                     |
|                                       | ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):                                                  |                     |
| "The number of vote                   | s cast for the amendment(s) was/were sufficient for approval                                                                                                                                                |                     |
| by                                    | (voting group)                                                                                                                                                                                              |                     |
|                                       | (voting group)                                                                                                                                                                                              |                     |
| action was not required.              |                                                                                                                                                                                                             |                     |
|                                       |                                                                                                                                                                                                             |                     |
| (1<br>s                               | 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) |                     |
|                                       | CRISTINA CALVO ARAYA                                                                                                                                                                                        |                     |
|                                       | (Typed or printed name of person signing)                                                                                                                                                                   |                     |
|                                       | VP                                                                                                                                                                                                          |                     |
|                                       | (Title of person signing)                                                                                                                                                                                   |                     |
|                                       |                                                                                                                                                                                                             | 19                  |
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|                                       |                                                                                                                                                                                                             | 목표                  |
|                                       |                                                                                                                                                                                                             | <u>.</u> 5          |