P19000040605

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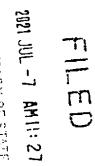


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AIRCARGO MIA	MI-CR CORP	
	BER: P19000040605		
The enclosed Article:	s of Amendment and fee are st	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	CALVO, CRISTINA		
		Name of Contact Person	n
	IRCARGÓ MIAMI-CR COL		
	8580 NW 56TH ST	Firm/ Company	
		Address	
	MIAMI, FL 33166		
		City/ State and Zip Cod	e
	CRISTINACALVOBOUTIQ	UE@YAHOO.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further informatic	on concerning this matter, plea		499-6685
Name	of Confact Person	at (Area Co	499-6685 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

AIRCARGO MIAMI-CR CORP

2021

AIRCARGO MIAMI-CR CORP			Dept. of State)	
(Name of Co	orporation as current	ly filed with the Florida L	Deptsof State)	7
			TALLAHISSEPPESTATE	
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	o, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendm	ient(s) to
A. If amending name, enter the new name	of the corporation:			
N/A			The nev	
name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or th	" "Inc." or "Co".	A professional corporatio		
B. Enter new principal office address, if ap		N/A		
(Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		N/A		
				
D. If amending the registered agent and/or			name of the	
new registered agent and/or the new reg	-	<u>s:</u>		
Name of New Registered Agent				
	(Florida st	reet address)		
New Registered Office Address:		-	Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chang	ging Registered Agen	! :		
I hereby accept the appointment as registered			tions of the position.	
	Signature of New F	Registered Agent, if changir		
Charle if analizable				
Check if applicable				

☐ 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.

Example:

X Change	<u>PT</u>	John De	<u>ue</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		Lilian Xiomara Pinzon Garcia	10454 NW 67TH ST
X Add				MIAMI, FL 33178
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		 -		
Add				
Remove				

	nal sheets, if necessary). (Be spec	:tfic)		
1				
		· 		
	, 			·
				
				
				
				
 _				
			 -	-
				
f an amendni	ent provides for an exchange, recl	orrification as assemble	udian Et N.1	
provisions fo	implementing the amendment if	not contained in the a	atton of issued snares mendment itself:	1
(if not ap _l	licable, indicate N/A)	The state of the s	menoment itsen.	
				

	07/01/2021	
The date of each amendment(s) ado	otion:	, if other than the
date this document was signed.		
07/01/2 Effective date if applicable:		
manufic date it applicante.	(no more than 90 days after amend	nent file date)
Note: If the date inserted in this blocdocument's effective date on the Department.	k does not meet the applicable statutory filin runent of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors v	rithout shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes elect for approval.	ast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups ch voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast fo	the amendment(s) was/were sufficient for app	proval
by		
0)	(voting group)	
selected,	stor, president or other officer – if directors or by an incorporator – if in the hands of a receive	
appointed	fiduciary by that fiduciary)	
C.	ALVO, CRISTINA	
	(Typed or printed name of person sign	ning)
PI	ESIDENT	
	(Title of person signing)	