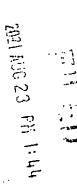
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(Reque	estor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer;	

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IALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLY AWAY	PRO CORPORATION		
DOCUMENT NUMBER: P19000090158			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
FERNANDO SILVA			
	Name of Contact Person		
SKYTRUST ENTERPR	ISE, LLC		
	Firm/ Company		
123 NW 13TH ST #214-	• •		
	Address		
BOCA RATON, FL 334	32		
City/ State and Zip Code			
FERNANDO@SKYTRI	USTENTERPRISE.COM		
E-mail address: (to	be used for future annual report notification)		
For further information concerning this matter,			
Name of Contact Person	at () 463-2557 Area Code & Davtime Telephone Number		
	•		
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	· · ·		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation οſ

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

•	Articles of Amendment to Articles of Incorporation of		TEN PLICE	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
FLY AWAY PRO CORPORATION	01		23	· \$ 3.
(Name o	of Corporation as currentl	y filed with the Florida Dept. of S	tate)	
P19000090158				!
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts t	he following amendme	nt(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and contair "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". >			
B. Enter new principal office address,	if annlicable:	100 KINGS POINT DR #503		
(Principal office address MUST BE A STREET ADDRESS)		SUNNY ISLES BEACH, FL 33	160	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 KINGS POINT DR #503		
		SUNNY ISLES BEACH, FL 331	60	
D. If amending the registered agent an new registered agent and/or the new			t <u>he</u>	
Name of New Registered Agent				
	100 KINGS POINT DR # .	503		
	(Florida str	vet address)		
New Registered Office Address:	SUNNY ISLES BEACH , Florida 33160		.da	
	(City) (Zip Co		(Zīp Code)	
New Registered Agent's Signature, if ell thereby accept the appointment as regist			e position.	
	Signature of New Re	rgistered 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)

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>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

L. <u>If amending</u>	g or adding additional Articles, enter change(s) here:	
(Attach <i>addi</i>	itional sheets, if necessary). (Be specific)	
·		
.		
F. <u>If an amend</u>	dment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions (if not a	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
1,5		

	loption:	, 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 b document's effective date on the Do	ock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	ment(s)
	roved by the shareholders through voting groups. The following seach 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)	
	(voting group)	
08/16/21		
Dated		
Signature V	ena Tlata	
(By a d selected	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other officery by that fiduciary)	been r court
	VIVIANE T. LEITE	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	