P19000092420

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: FLYING LEADE	ERS INC			
DOCUMENT :	NUMBER: P19000092420				
The enclosed Ai	rticles of Amendment and fee are s	ubmitted for filing.			
Please return all	correspondence concerning this m	atter to the following:			
	IYAD AMER				
	Name of Contact Person				
	FLYING LEADERS INC				
		Firm/ Company			
	5580 SOUTH UNIVERSIT	Y DRIVE UNIT 6204			
	Address				
	DAVIE, FL 33328				
		City/ State and Zip Code	е		
	captainiyad@icloud.com				
•	E-mail address: (to be t	used for future annual report	notification)		
	rmation concerning this matter, plea	ase call:			
TYAD AMER		at (<u>201</u>			
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a ch	neck for the following amount made	e 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)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FLYING LEADERS INC	20 54 6.11
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P19000092420	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
N/A	The new
name must be distinguishable and contain the word "cor" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	mice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

X Change .	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SAMI NAGSHABANDI	5580 SOUTH UNIVERSITY DR
Add			UNIT 6204
X Remove			DAVIE, FL 33328
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>11 ame</u> (Attach	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
N/A	•
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	·
E Ifan:	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself:
((if not applicable, indicate N/A)
N/A	
	•

•	09/21/2020	
The date of each amendm date this document was sign	ent(s) adoption:	, if other than the
-	09/21/2020	
Effective date <u>if applicabl</u>	<u>c</u> :)
	in this block does not meet the applicable statutory filing requirement on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment((CHECK ONE)	
☐ The amendment(s) was/ action was not required.	were adopted by the incorporators, or board of directors without shareh	older action and shareholder
	were adopted by the shareholders. The number of votes cast for the ans/were sufficient for approval.	nendment(s)
	were approved by the shareholders through voting groups. The followivided for each voting group entitled to vote separately on the amendme	
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
09, Dated	/21/2020	
Signature	. T. Amer	
	(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	IYAD AMER	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	