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Amend

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I ALBRITTON

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: AJ AIR SVC INC		
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ELIWAR DECARVALHO		
	- · ·	Name of Contact Perso	n
	ERC CONSULTING INC		
		Firm/ Company	<u> </u>
	4699 N FEDERAL HWY SU	ЛТЕ 102Е	
	<u>-</u> .	Address	
	POMPANO BEACH, FL 330	064	
	,, as	City/ State and Zip Cod	e
	F-mail address: (to be us	sed for future annual report	notification
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For further informatio	n concerning this matter, pleas	se call:	
or raidio intermitio	in exaces and this matter, pread	oc car.	
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Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 i	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

## Articles of Amendment to **Articles of Incorporation** of

$\Lambda$	Α.	ΙR	SVC	INC

AJ AIR SVC INC	Also Education State of the Company	. 64'4.4.
(Name of Corporation as current P20000021741	tiv med with the Florida Dept. (	oi State)
<u></u>	of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adop	pts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation nan	
3. Enter new principal office address, if applicable:	2000 BANKS RD	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE 213 H	202
	MARGATE, FL 33063	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2000 BANKS RD	
	SUITE 213 H	3
	MARGATE, FL 33063	J.
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent		of the
(Florida s	treet address)	
New Registered Office Address:	, I	Horida
	(City)	(Zip Code)
Sew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	nt: - with and accept the obligations c	of the position.
Signature of New	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11		

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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<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		_		
Add				
Remove				
6) Change		_		
Add			·	
Remove				

f 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)	Attach additional sheets, if necessary).	icles, enter chang (Be specific)				
provisions for implementing the amendment if not contained in the amendment itself:						
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(if not applicable, indicate N/A)	provisions for implementing the ame	ndment if not con	ntained in the an	nendment itself	iares,	
	(if not applicable, indicate N/A)					
	-			····		
					<del></del> .	

• •	03/13/2020	
The date of each amendment(s) addate this document was signed.		, if other than the
03/13 Effective date <u>if applicable</u> :	/2020	
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep		ntory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	eted by the incorporators, or board of c	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number ficient for approval.	of votes cast for the amendment(s)
	oved by the shareholders through voting aroup entitled to vote separate	
"The number of votes east for	or the amendment(s) was/were sufficie	ent for approval
by		
	(voting group)	
Dated	03/13/2020	<b>)</b>
Signature		
selected.	ector, president or other officer – if dir by an incorporator – if in the hands o d fiduciary by that fiduciary)	
1	DEUCINEA SOARES	
-	(Typed or printed name of p	erson signing)
Ī	PRESIDENT	
_	(Title of person signing)	