## Pa1000016014

(Re	equestor's Name)	
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A. Butter

## **COVER LETTER**

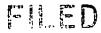
**TO:** Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filling.  Please return all correspondence concerning this matter to the following:  CHARO MATO  Name of Contact Person  CHARO MATO  Firm/ Company  HUMMINGBIRD SKY CORP  Address  920 RICH DR APT 108 DEERFIELD BEACH, FL 33-441  City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  The following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  (Additional Copy	NAME OF CORE	ORATION: HUMMINGBIRD	SKY CORP	
Please return all correspondence concerning this matter to the following:  CHARO MATO  Name of Contact Person  CHARO MATO  Firm/ Company  HUMMINGBIRD SKY CORP  Address  920 RICH DR APT 108 , DEERFIELD BEACH, FL 33-41  City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is certified Copy  enclosed)  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy)		P21000016014		
CHARO MATO    Name of Contact Person	The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
CHARO MATO  Firm/ Company  HUMMINGBIRD SKY CORP  Address  920 RICH DR APT 108, DEERFIELD BEACH, FL 33441  City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  (Additional Copy	Please return all correspondence concerning this ma		atter to the following:	
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Firm/ Company  HUMMINGBIRD SKY CORP  Address  920 RICH DR APT 108, DEERFIELD BEACH, FL 33-441  City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional Copy			Name of Contact Person	n
Address  920 RICH DR APT 108 , DEERFIELD BEACH, FL 33441  City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \text{S43.75 Filing Fee} & \Begin{align*} S43.75 Filing Fee		CHARO MATO		
Address  920 RICH DR APT 108 , DEERFIELD BEACH, FL 33-441  City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional Copy (Additional Copy (Additional Copy (Additional Copy (Additional Copy			Firm/ Company	<del></del>
Page RICH DR APT 108 , DEERFIELD BEACH, FL 33441  City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional Copy (Additional Copy (Additional Copy (Additional Copy (Additional Copy		HUMMINGBIRD SKY COI	• •	
City/ State and Zip Code  charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Sat (			Address	
Charomato@yahoo.com.ar  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Sat (	920 RICH DR APT 108, DE		EERFIELD BEACH, FL 33	441
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CHARO MATO  Sate ( ) 303-7472  at ( ) Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee			City/ State and Zip Cod	e
For further information concerning this matter, please call:  CHARO MATO  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  CHARO MATO  Area Code & Daytime Telephone Number  State:  \$35 Filing Fee & State:  Certified Copy (Additional Copy is enclosed)		charomato@yahoo.com.ar		
CHARO MATO  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  CHARO MATO  Area Code & Daytime Telephone Number  State:  \$43.75 Filing Fee & State:  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy		E-mail address: (to be u.	sed for future annual report	notification)
Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Additional Copy	For further informa	ation concerning this matter, plea	se call:	
Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Bigsim \text{\$\text{\$\text{\$52.50 Filing Fee}}} \$\text{\$\tex	CHARO MATO			303-7472
\$35 Filing Fee	Name of Contact Person		Area Code & Daytime Telephone Number	
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy	Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
.s enclosed,	S35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810	Amendment Section Division of Corporations P.O. Box 6327		Amendment Section Division of Corporations	

Tallahassee, FL 32303

## Articles of Amendment

to Articles of Incorporation of



2021 HAR 26 PH 4: 33

HUMMINGBIRD SK	Y CORP	20271	min 20	
<del></del>	(Name of Corpora	tion as currently filed with the F	lorida Dept: of State F	<del></del>
P21000016014		141	LAHASSEE, FL	
· · · · · · · · · · · · · · · · · · ·	(Docu	Iment Number of Corporation (if)	nown)	
Pursuant to the provising Articles of Incorpor		Na Statutes, this <i>Florida Profit Co</i>	rporation adopts the following ame	ndment(s) t
A. If amending name	e, enter the new name of the	torporation:		
name must be distingui	shable and contain the word "	corporation," "company," or "inc	The orporated" or the abbreviation "Co proration name must contain the	new orp., "
'Inc., or Co., or L "chartered." "professi	ne aesignation Corp. Inc ional association," or the abbi	reviation "P.A."	-poration name must contain the	wora
8. Enter new princip	al office address, if applicab	<u></u>		<u>.</u>
Principal office addre	ess <u>MUST BE A STREET AD</u>	DRESS )		
	13 <i>18</i>			<del></del>
(Mailing address	g address, if applicable: MAY BE A POST OFFICE B	QX)		
D. If amending the re	egistered agent and/or regist	ered office address in Florida, e	iter the name of the	
	ent and/or the new registered		the pile maple of the	
Name of New	Registered Agent			
		(Florida street address)		
New Registere	ed Office Address:	(Circu	Florida, Florida	
		(City)	(Zip Code)	
New Registered Agen	t's Signature, if changing Re	gistered Agent;  I am familiar with and accept th	e abligations of the monition	
петеоу иссері те арр	Maria de registered agent.	Tan jammar wim and accept in	ounganons of the position.	
	Sia	nature of New Registered Agent, ij	changing	
	515,	min e sy river neglowied rigerie y		
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)

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 <math>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	<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	РГ	CHARO MATO	920 RICH DR APT 108 .
X Add		<del></del>	DEERFIELD BEACH, FL 33441
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
KCHIOVE			

	if necessary).	cles, enter change(s) here: (Be specific)		
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f an amendment provid	les for an excha	unge, reclassification, or c	ancellation of issued shares,	
provisions for impleme	enting the amen	unge, reclassification, or c dment if not contained in	ancellation of issued shares, the amendment itself:	
If an amendment provid provisions for impleme (if not applicable, in	enting the amen	unge, reclassification, or c dment if not contained in	ancellation of issued shares, the amendment itself:	
provisions for impleme	enting the amen	unge, reclassification, or c dment if not contained in	ancellation of issued shares, the amendment itself:	
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provisions for impleme	enting the amen	unge, reclassification, or c	ancellation of issued shares, the amendment itself:	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follows reach voting group entitled to vote separately on the amendme	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Signature (By a select	director, president or other officer – if directors or officers have ed. by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)  CHARO MATO	
	(Typed or printed name of person signing)	
	PT	
	(Title of person signing)	