## P21000029637

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(expenses 2.ph none n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

NAME OF CORE	PORATION: WIND AVIATION	INC				
DOCUMENT NU	ph (000000627					
The enclosed Artic	les of Amendment and fee are sul	bmitted for filing.				
Please return all co	orrespondence concerning this mat	tter to the following:				
	HUGO LINS					
Name of Contact Person						
	GIMP ACCOUNTING					
Firm/ Company						
	1719 WHITEHALL DR #103	}				
Address						
	DAVIE, FL 33324					
City/ State and Zip Code						
	h.lins@usa.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	ation concerning this matter, pleas	se call:		, ,	(-)	
HUGO LINS		at ( <sup>786</sup>	447-1830		( ) ( )	
Nai	me of Contact Person		de & Daytime Telephone Number		n a V 3	
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:		( ) ( )	
\$35 Filing Fee	e □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	:	표 (공	٠

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

(Manie of Corpor	ration as currently filed with the Florida Dept. of State)	
21000029637		
(Do	ocument Number of Corporation (if known)	<del></del>
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the fol	llowing amendment(s)
. If amending name, enter the new name of th	ne corporation:	
		The new
	l "corporation," "company," or "incorporated" or the abbri Inc," or "Co". A professional corporation name must o bbreviation "P.A."	
. Enter new principal office address, if applica		<del></del>
Principal office address <u>MUST BE A STREET A</u>	<u>ADDRESS</u> )	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	istered office address in Florida, enter the name of the	; <del>)</del> ; ; ; ;
new registered agent and/or the new register	red office address:	` :
Name of New Registered Agent		
		- ¬; -
	(Florida street address)	
New Registered Office Address:	. Florida	. (2
	(City)	(Zip Code)

Signature of New Registered Agent, if changing

## 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>-</u> <u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	Address
(Check One)  1) Change	VPD	MARQUES PORANGABA, THAIS	2719 Hollywood Blvd Ste A-1998
Add			HOLLYWOOD, FL 33020
X Remove			
2) X Change	VPTD	AMARAL DA SILVA, VANDER	2719 Hollywood Blvd Ste A-1998
Add			HOLLYWOOD, FL 33020
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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	<del></del>	<del>_</del>		
			<del></del>	
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			sened shares.	
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an amendment provides for an excl	hange, reclassification	<u>1, or cancenation of i</u>	t itself:	
provisions for implementing the ame	hange, reclassification indment if not contain	ned in the amendmen	ıt itself:	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification endment if not contain	ned in the amendmen	it itself:	
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provisions for implementing the ame	hange, reclassification	ned in the amendmen	tt itself:	

	05/26/2022	
The date of each amendment(s) ad	option:	, if other than the
late 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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will neartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and si	hareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each 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	."	
<u> </u>	(voting group)	
05/26/2022		
DatedSignature	[ Kew	_
(By a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	SANDRO RAPHAEL SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>