P21000037092

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: WESTCHESTER AERONAUTICAL GROUP, INC. DOCUMENT NUMBER: P21000037092 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES SPRINKLE Name of Contact Person Firm/ Company 8840 SW 20 STREET Address MIAMI, FL 33165 City/ State and Zip Code JAMES@ WESTCHESTERAERO,COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAMES SPRINKLE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FileD

P21000037092 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the foll its Articles of Incorporation: A. If amending name, enter the new name of the corporation: AXIS AERONAUTICAL, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrewline, " or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must e "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2 APR5 AM 10:-57
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C. Enter new mailing address, if applicable:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	
(Mailing address MAY BE A POST OFFICE BOX) N/A	
	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
N/A	
Name of New Registered Agent	
	
(Florida street address)	
New Registered Office Address: N/A , Florida , Cuv)	
ic ny	tzip Coder
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posit	ion.
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)

Evample:

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>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jon	nes_	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_	<u>.</u>	
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				_

(August 1997)	adding additional Article	s, enter change(s) here	Ç.	
	l sheets, if necessary). (Be specific)		
N/A				
		_		
				
				
				
				
-				
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16				
nrovisions for i	t provides for an exchang	ge, reclassification, or ment if not contained i	cancellation of issued st	ares,
(if not appli	mplementing the amend) cable, indicate N/A)	nene ii not contained i	ii the amendment usen.	
1/A				
			<u> </u>	
,				
		-	- -	

•	04/01/2022
The date of each amendment(s) adoption:, if other than the
date this document was signed.	
	04/01/2022
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note : If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for 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
bv	••
	(voting group)
	CD C
02/2015	NO.22
03/30/2 Dated	3022
Signature	
	a director, president or other officer – if directors or officers have not been
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	JAMES SPRINKLE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)