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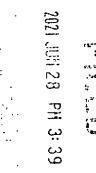
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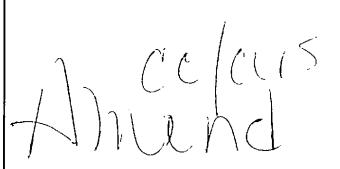
Office Use Only



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JUL 2.3 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COCO AIRCRAF	T, INC.			
DOCUMENT NUMI	D21000029040	<u> </u>			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	spondence concerning this ma	atter to the following:			
	MELANIE RESSOPOULOS	3			
		Name of Contact Person	1		
	COCO AIRCRAFT, INC.				
	Firm/ Company				
	900 AIRPORT ROAD				
	·	Address			
	MERRITT ISLAND, FL 329	952			
		City/ State and Zip Code			
	FAKHRI@2FLYGROUP.C	QМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For lurther information	n concerning this matter, plea	se call:			
MELANIE RESSOPO	DULOS	a1 (321	453-2222		
Name of Contact Person		at (321) 453-2222 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COCO AIRCRAFT, INC.				
	f Corporation as curren	itly filed with the Flor	da Dept. of State)	
21000038069	(Degument Number	afCamaration (if has		
	(Document Number	of Corporation (if know	vn)	
ursuant to the provisions of section 607.1 s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpo	ration adopts the following	g amendment(s
If amending name, enter the new na	me of the corporation:			
R/A				The new
ame must he distinguishable and contain Inc.," or Co.," or the designation "Co chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpor		
B. Enter new principal office address, if applicable:		N/A		
Principal office address <u>MUST BE A ST</u>				2021
				<u> </u>
			•	<u> </u>
. Enter new mailing address, if applic		N/A	:	. 28
(Mailing address MAY BE A POST C	OFFICE BOX)		· ,	<u> </u>
				سـ ب <u>ي</u>
			•	ည်
		·		
 If amending the registered agent and new registered agent and/or the new 			the name of the	
	MELANIE RESSOPOU			
Name of New Registered Agent			•	-
_	900 AIRPORT ROAD			_
	(Florida s	street address)		
	NED DISTRICT			
New Registered Office Address:	MERRITT ISLAND	(Ciny	, Florida	

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)

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 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	VP	ADAM BRUMBAUGH	900 AIRPORT ROAD
Add			MERRITT ISLAND, FL 32952
X Remove			
2) Change	CFO	MELANIE RESSOPOULOS	900 AIRPORT ROAD
X Add			MERRITT ISLAND, FL 32952
Remove Change		_	
Add			
Remove			
4) Change			
Add			<u>-</u>
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

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	exchange, reclassificat	ion, or cancellation of	1 issued shares,	
nrayisions for implementing the	amenument n not com	<u>tameu in me amenu</u> n	ient itseir:	
provisions for implementing the	4)	-		
(if not applicable, indicate N.	4)			
(if not applicable, indicate N.	(4)			
(if not applicable, indicate N.	(4)			
(if not applicable, indicate N.	(4)			
(if not applicable, indicate N.	(4)			
(if not applicable, indicate N.	(4)			
(if not applicable, indicate N.	(4)			
(if not applicable, indicate N.	(4)			
(if not applicable, indicate N.	(4)			
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/A)	4)			
(if not applicable, indicate N.	4)			
(if not applicable, indicate N.	4)			

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of	ot meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
■ The amendment(s) was/were adopted by the i action was not required.	incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendmen pproval.	t(s)
The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following states group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by		
(votis	ng group)	
selected, by an incor appointed fiduciary	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other couby that fiduciary)	urt
<u>Held</u>	Typed or printed name of person signing)	
CFO		
Τ)	itle of person signing)	_