P210000 40296

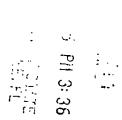
(Rε	equestor's Name)			
(Ac	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Red AIC	Services Incorporated
DOCUMENT NUMBER: P21000	040296
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this mat	
	Rosa, Esa.
	SHMAN + ROSA, P.A.
327	SE 1875 St. Address
Ft.	Lauderchale, FL 33316 City/State and Zip Code
	and Ogoldman rosa. i om ed for future annual report notification)
For further information concerning this matter, pleas	e caif:
Randy Rosa	at (954) 565-4311 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	•
\$35 Filing Fee Certificate of Status	Certified Copy (Additional copy is enclosed) \$552.50 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

Articles of Amendment

to Articles of Incorporation of

	Red Air Services Incorpora				
-	(Name of Corporation as currently filed with the Florida Dept. of State)				
	P21000040296				
(Document Number of Corporation (if known)					
P	ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend: s Articles of Incorporation:				
,	. If amending name, enter the new name of the corporation:				
	The n				
•	ame must be distinguishable and contain the word "corporation," "company," ar "incorporated" or the abbreviation "Corp linc." or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the wo chartered," "professional association," or the abbreviation "P.A."				
F	8. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)				
					
(Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
1). If amending the registered agent and/or registered office address in Florida, enter the name of the				
1). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:				
1					
1). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent				
1					
1	Name of New Registered Agent (Florida su cet address)				
1	Name of New Registered Agens (Florida su eet address) New Registered Office Address:				
1	Name of New Registered Agent (Florida su cet address)				
1	Name of New Registered Agens (Florida su eet address) New Registered Office Address:				
	Name of New Registered Agent (Florida vireet address) New Registered Office Address (City) Florida (Zip Code)				
	Name of New Registered Agens (Florida su eet address) New Registered Office Address:				
	Name of New Registered Agent (Florida vireet address) New Registered Office Address (City) Florida (Zip Code)				
	Name of New Registered Agent (Florida vireet address) New Registered Office Address (City) Florida (Zip Code)				
	Name of New Registered Agent (Florida vireet address) New Registered Office Address (City) Florida (Zip Code)				

PH 3: 30

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)

___ Remove

Please note the officer'director title by the first letter of the office after

 $P = President, \ \hat{V} = Vice President, \ \hat{F} = Freusiner, \ S = Secretary, \ D = Director, \ FR = Fristee, \ C = Chairman or Clerk, CEO = Chief Executive Officer, CFO = Chief Francial Officer, It an officeralisector holds more than one title dist the first letter of each office held President, Freusiner, Director would be PFD.$

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 Junes, V as Remove, and Saily Smith, SV as an Add

Evample: N.Change	PT <u>Jo</u> hn	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	5V	Rone Cortes	10640 NW 375 St, # 101
Add			DOTAL FL 33172
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		· · · · · · ·	
Add			
Remove			
51 Change			
Add			
Remove			
6)t hange			
Add			

· <u> </u>	
	
F. If an amendment provides for an ex- provisions for implementing the an (if not applicable, indicate N/A)	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
<u></u>	

The date of each amendment(s) a	idontion:	, it 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was were ad action was not required.	lopted by the incorporators, or board of directors without shareholder.	iction and shareholder
The amendment(s) was were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment feight for approval.	m(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendmentist:	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated	6.21	
Signature	14 (
(By a c selecti	director, president or other officer - if directors or officers have not be ed, by an incorporator - if in the hands of a receiver, trustee, or other of ited fiduciary by that fiduciary)	
	Hertor Camez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	