## P21000056253

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A. RAMSEY DEC 14 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: _AVIATION GROUP	JMJ INC	
DOCUMENT NUMB	ER:P21000056253		·
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		MILAGROS VARGAS	
_		Name of Contact Perso	n
_		Firm/ Company	
		10 E LAKE ST	
_		Address	
		KISSIMMEE FL 34744	
-		City/ State and Zip Cod	e
•		millieb699@gmail.com	
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		805-1335
Millie Vargas	Contact Person	at (	)
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 massee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2021 NOV 29 PM 12 52

AVIATION GROUP JMJ INC

(Name of Corporation as currently	filed with the Florida Depts of State F 3 13 12 12 12 12 12 12 12 12 12 12 12 12 12
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverage of the abbreviation of the abbreviation "I	To". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change		GABRIEL ROSILLO MAJUL	1356 CINDER LANE
xx Add			KISSIMMEE FL 34744
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Damaria			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Re specific)		
<del></del>			
·			
•			
		. <u> </u>	
If an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued share	<u>25,</u>
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in	he amendment itself:	
•			<del></del>

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	9/1/2019	
Effective date <u>it applicame</u> .	(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, thi epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of the shareholders.	ent(s)
	proved by the shareholders through voting groups. The following star reach voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(yoting group)	
	opted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	<del>.</del>
DatedSignature	4 CH	
(By a c	lifector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other outed fiduciary by that fiduciary)	
	JORGE RAMOS MONTALVO	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	