P23000013250

(Requestor's Name)
(Address)
(Address)
(rissioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Codified Conins
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200418287062

11/01/28--01014--015 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ELEVATED RESO	DURCES AVIATION COF	RP
	IBER: P23000013250		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cort	respondence concerning this ma	tter to the following:	
	ALEXANDER GALINDO		
	_	Name of Contact Persor	1
	ASK MY ACCOUNTANT C	CORP	
		Firm/ Company	
	2532 SW 161 AVE		
	·	Address	
	MIRAMAR, FL 33027		
		City/ State and Zip Cod	
	AGALINDO@ASKMYACC	COUNTANTINET	
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas) 618-9509) de & Daytime Telephone Number
Name	e 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:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fifing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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
			Iment Section
			on of Corporations
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to. Articles of Incorporation of

Articles of Incorporation: If amending name, enter the new name of the corporation:	f Corporation (if known) Florida Profit Corporation adopts the following amendment
Articles of Incorporation: If amending name, enter the new name of the corporation:	·
Articles of Incorporation: If amending name, enter the new name of the corporation:	Florida Profit Corporation adopts the following amendment
1 A	
/A	The new
me must be distinguishable and contain the word "corporation," "c nc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
Enter new principal office address, if applicable:	N/A
rincipal office address MUST BE A STREET ADDRESS)	
	·
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	19/A
	• 5
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	<u> </u>
Name of New Registered Agent	
(Florida str	vet address)
View Dendermand Office Addison	. Florida
New Registered Office Address:	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	
and the second s	some some of the position
	egistered 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)

Example:

Remove

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	CHRISTOPHER R VERA	7088 SW 158TH PATH
X Add			MIAMI, FL 33193
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
I/A			
			_
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<u> </u>		_	
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	<u> </u>		<u> </u>
			-
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares	'		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
		:	·-
N/A			
		_	
		_	
	.		

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	08/18/2023	20 4 4 4
he date of each amendmen ate this document was signed		, if other than the
_	08/18/2023	
Effective date <u>if applicable</u> :		· · ·
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sharehold	ler action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	dment(s)
must be separately provide	re approved by the shareholders through voting groups. The following end for each voting group entitled to vote separately on the amendment(s	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/18 Dated		
Signature _	5 月光計句	
S	By a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or oth ppointed fiduciary by that fiduciary)	
	DIANNE A MENADIER	-
	(Typed or printed name of person signing)	
	PRESIDENT	_

(Title of person signing)