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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX CONTROLLER INC

Account Number : I20210000142 Phone : (954)301-1848

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MAX AIRCRAFT CORP

J. HORNE JAN 27 2025

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Page Count	06
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MAX AIRCRAFT CORP DOCUMENT NUMBER: P23000070166 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDUARDO GARCIA D. ITAGIBA Name of Contact Person MAX AIRCRAFT CORP Firm/ Company 9757 ARBOR OAKS LANE APT 107 Address BOCA RATON, FL 33428 City/ State and Zip Code eduardoitagiba@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EDUARDO GARCIA D. ITAGIBA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☐\$43.75 Filing Fee &

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Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

\$52.50 Filing Fee

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Articles of Amendment Articles of Incorporation of

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MAX AIRCRAFT CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000070166 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: EDUARDO GARCIA D. ITAGIBA Name of New Registered Agent 9757 ARBOR OAKS LANE APT 107 (Florida street address) , Florida____33428 **BOCA RATON** New Registered Office Address: (City)

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 position.

Elioda togit 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.

TAX CONTROLLER INC (((4250000 +8138 3)))

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 us 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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	EDUARDO GARCIA D. ITAGIBA	9757 ARBOR OAKS LANE APT 107
Add			BOCA RATON, FL 33428
Remove			
2) Change	P	Carlos Willian Pereira Fraga	9757 ARBOR OAKS LANE APT 107
Add			BOCA RATON, FL 33428
X Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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n amendment provides for	r an exchange, reclassifi	cation, or cancellatio	n of issued chares	
ovisions for implementing	the amendment if not c	ontained in the amen	dment itself:	
(if not applicable, indicate	e N/A)			
V-T	_			
	<u> </u>			

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 the document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amends sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s).	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated		
Signature X	Shooty Hopsk-	
(By a selec	a director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other pinted fiduciary by that fiduciary)	
	EDUARDO GARCIA D. ITAGIBA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	