P24000058247

(Rec	questor's Name)	
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COVER LETTER

, TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: CLARK AIR SOL	UTIONS INC.		
DOCUMENT NUM	P24000058247		<u></u>	
The enclosed Article	s of Amendment and fee are su	ebmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	Kevin Damron			
		Name of Contact Person	1	
	Clark Air Solutions Inc			
		Firm/ Company		
	3541 Gallagher RD			
		Address		
	Dover, FL 33527			
		City/ State and Zip Cod	e	
	clarkairservices@outlook.co	m		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea-	se call:		
Kevin Damron		at (<u>813</u>	326-9607	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check t	For the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	S43.75 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)	
An Di P.C	niling Address mendment Section vision of Corporations D. Box 6327 llahassec, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

CLARK AIR SOLUTIONS INC.

2024 OCT -8 AM 8: 10

CLARK AIR SOLUTIONS INC.	
(Name of Corporation as co	and the state of t
P24000058247	TALLAHASSEE. FLORIDA
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
NA	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
	N/A-
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	, <u>NA</u>
C. Enter new mailing address, if applicable:	Λ/Δ.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent NA	· · · · · · · · · · · · · · · · · · ·
(File	orida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
r nevery accept the appointment as registered agent. I am fur	And the and decept the configuration of the position.
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.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	Kevin Damron	3541 GALLAGHER ROAD
Add X Remove			DOVER, FL 33527
2) Change	ST	Katherine Damron	3541 GALLAGHER ROAD
Add			DOVER, FL 33527
X Remove Change	ST	Clark Air Solutions Inc. 401(k) Plan	3541 GALLAGHER ROAD DOVER, FL 33527
X Add			3541 GALLAGHER ROAD
4) Change	PD	Katherine Damron	DOVER, FL 33527
X Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	maen addinonal K. I. J	sheets, if necessary). Be speci			
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				- Friday	
					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
"The number of votes cast byOctober 4. Dated(By a d selected)	for the amendment(s) was/were sufficient for approval (voting group) (voting group) (voting group) (voting group) (voting group) (voting aroup) (voting group) (voting	FILED 2024 OCT-8 AM 8: 10
	President & Director	
	(Title of person signing)	·