## P24000065233

| (Requestor's Name)  |
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| (Address)   |
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| (City/State/Zip/Phone #)  |
| (City/State/Zip/Phone #)  |
| PICK-UP WAIT MAIL   |
|   |
| (Business Entity Name)  |
|   |
| (Document Number)   |
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| Certified Copies Certificates of Status   |
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| Total Control |
| Special Instructions to Filing Officer.   |
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2024 NOV 13 PH 6: 02
SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORP   | ORATION: FOREVER AIR N                      | IECHANICAL INC   |  |                 |                      |
|--|---|--|--|-----------------|----------------------|
| DOCUMENT NU  | MBER: P24000065233                          |  |  |                 |                      |
|  | les of Amendment and fee are su             | ibmitted for filing.   |  |                 |                      |
| Please return all cor                                      | respondence concerning this ma              | atter to the following:  |  |                 |                      |
|  | ODELMIS DELGADO                             |  |  |                 |                      |
|  |   | Name of Contact Person   | n  |                 |                      |
|  | FOREVER AIR MECHANIC                        | CAL INC  |  |                 |                      |
|  |   | Firm/ Company  |  | <del></del>     |                      |
|  | 3221 NW 178TH STREET                        |  |  |                 |                      |
| Address  |   |  |  |                 |                      |
|  | MIAMI GARDENS, FI 33056                     |  |  |                 |                      |
|  | City/ State and Zip Code                    |  |  |                 |                      |
|  | FOREVERAIRMECHANICALINC@GMAIL.COM           |  |  | SECI<br>Th      | 024                  |
|  | E-mail address: (to be us                   | sed for future annual report                                       | notification)  | LLA<br>RET/     | VOV                  |
| For further informa  | tion concerning this matter, plea           | se call:   |  | CRETARY OF STAT | 2024 NOV 13 PM 6: 02 |
| ODELMIS DEGLADO  |   | 786<br>at (  | 638-9606   | E, F            | <u>ن</u>             |
| Name of Contact Person                                     |   | Area Co  | )  | nber P          | 02                   |
| 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) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |                 |                      |
| Mailing Address Amendment Section Division of Corporations |   | Amend  | Address Iment Section on of Corporations   |                 |                      |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

| FOREVER AIR MECHANICAL INC   |   |                                      |
|--|---|--------------------------------------|
| (Name of Corporati   | on as currently filed with the Florida De   | pt. of State)                        |
| P24000065233   |   |                                      |
| (Docum   | nent Number of Corporation (if known)       |                                      |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:   | a Statutes, this Florida Profit Corporation | adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co  | orporation:                                 |                                      |
|  |   | <b>771</b>                           |
| name must be distinguishable and contain the word "co<br>"Inc.," or Co.," or the designation "Corp," "Inc,"<br>"chartered," "professional association," or the abbre | " or "Co". A professional corporation       |                                      |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL  |   |                                      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  | <u>NX</u> )                                 | SECRETARY OF STAT                    |
| D. If amending the registered agent and/or register new registered agent and/or the new registered   |   | ime of the                           |
|  | office address.                             | 7 ALE 75                             |
| Name of New Registered Agent   |   | · ·                                  |
|  | (Florida street address)                    |                                      |
| V D : 100 (1)  | ,   | EL 11                                |
| New Registered Office Address:   | (City)                                      | _, Florida<br>(Zip Code)             |
|  |   |                                      |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent.  |   | ns of the position.                  |
| ,  | ,   |                                      |
|  |   |                                      |
| Signa  | uture of New Registered Agent, if changing  |                                      |
| G  |   |                                      |

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)

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>           | Address             |
| 1) Change                  | CEO          | ERNESTO RUIZ DE VILLA | 10840 SW 69TH DRIVE |
| X Add                      |              |                       | MIAMI, FL 33173     |
| Remove                     |              |                       |                     |
| 2) Change                  |              |                       |                     |
| Add                        |              |                       | SEC.                |
| Remove Change              |              |                       | SECRETAL A          |
| Add                        |              |                       | LAHARY OF           |
| Remove                     |              |                       | <u> </u>            |
| 4) Change                  |              |                       | TATE                |
| Add                        |              |                       |                     |
| Remove                     |              |                       |                     |
| 5) Change                  |              |                       | <del></del>         |
| Add                        |              |                       |                     |
| Remove                     |              |                       |                     |
| 6) Change                  |              |                       |                     |
| Add                        |              |                       |                     |
|                            |              |                       |                     |

TITO

| The date of each amendment(                             | s) adoption:   | , if other than the  |
|---|--|--|
| date this document was signed.                          | 10/28/2024   |  |
| Effective date if applicable:                           |  |  |
|   | (no more than 90 days after amendment file date)   |  |
|   | is block does not meet the applicable statutory filing requirements, this date Department of State's records.                                      | e will not be listed as the                                  |
| Adoption of Amendment(s)                                | ( <u>CHECK ONE</u> )   |  |
| ■ The amendment(s) was/were action was not required.    | adopted by the incorporators, or board of directors without shareholder actio  | n and shareholder  |
| ☐ The amendment(s) was/were by the shareholders was/wei | adopted by the shareholders. The number of votes east for the amendment(s e sufficient for approval.   | )  |
|   | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | 11   |
| "The number of votes                                    | cast for the amendment(s) was/were sufficient for approval   |  |
| by  | "  |  |
|   | (voting group)   | 77<br>SEC<br>8.28  |
| 10/28/2   | 024  | FILED 2024 NOV 13 PH 6: 02 SECRETARY OF STAT TALLAHASSEE, FL |
| Dated   |  | ER 3 T   |
|   |  | SSY IN   |
| Signature<br>(By  | a director, president or other officer – if directors or officers have not been  |  |
| sele  | ected, by an incorporator - if in the hands of a receiver, trustee, or other court   | FFA G  |
| арр   | ointed fiduciary by that fiduciary)  | TE 2   |
|   | ODELMIS DELGADO  |  |
|   | (Typed or printed name of person signing)  |  |
|   | VICE PRESIDENT   |  |
|   | (Title of person signing)  |  |

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