P97000107463

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON:AIRCRAFT MAI	NTENANCE AND CONS	ULTING CORP
DOCUMENT NUMBER	P97000107463		
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspor	idence concerning this ma	tter to the following:	
		IDA C OVIES	
		Name of Contact Persor	1
		IDA C OVIES CPA PA	
		Firm/ Company	
		3785 NW 82 AVE STE 30	2
		Address	
		DORAL FL 33166	
		City/ State and Zip Code	
		1@IDAOVIES.COM	
	E-mail address: (to be us	sed for future annual report	notification)
	oncerning this matter, pleas	se call: at (³⁰⁵	477-5798
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

AIRCRAFT MAINTENANCE AND CONSULTING CORPANA NOV = 0 DAY =

		<u> </u>
(Name of C	orporation as currently filed with the	Florida Dept. of State)
	197000107463	SECRETARY OF STATE
	(Document Number of Corporation (if	
rsuant to the provisions of section 607,100 Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following amendment(s
If amending name, enter the new name	of the corporation:	
		The new
me must be distinguishable and contain the nc.," or Co" or the designation "Corp hartered," "professional association," or the contains of the new tenders."	" "Inc." or "Co". A professional c	incorporated" or the abbreviation "Corp" corporation name must contain the word
Enter new principal office address, if a		
rincipal office address <u>MUST BE A STRE</u>	<u>SET ADDRESS</u>)	
Enter new mailing address, if applicab	ole:	
(Mailing address MAY BE A POST OF)		
If amending the registered agent and/o	r registered office address in Florida,	enter the name of the
new registered agent and/or the new re	gistered office address:	
Name of New Registered Agent		
	(Florida street address)	-
New Registered Office Address:		Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if chan ereby accept the appointment as registered	ging Registered Agent:	the obligations of the position
ereby accept the appointment as registered	a ageni. Tam jaminar wun and accept	the Originous of the position.

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)

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: 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	P/T	TINOCO, PAULA	10847 SW 188 ST
X			MIAMI, FL 33157
Remove			
2) Change	VP/S	TINOCO, MILTON	10847 SW 188 ST
X Add			MIAMI, FL 33157
Remove 3) Change	D	TINOCO, ANGEL D	10847 SW 88 ST
Add			MIAMI, FL 33157
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change		***************************************	
Add			
Remove			

	adding additional in the sheets, if necessar	y). (Be specific)			
		— <u>-</u>			
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<u> </u>				 -	
an amendmen	it p <u>rov</u> ides for an e	exchange, reclassif	<u>fication, or cancell</u>	<u>ation of issued sha</u>	res.
<u>orovisions for i</u>	mplementing the a	amendment if not o	contained in the a	mendment itself:	
(if not appu	icable, indicate N/A	,			
•					
					

The date of each amendment(s) acd this document was signed.	option:	, if other than th
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without s	hareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the ficient for approval.	ne amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amer	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
NOVENB Dated	ER 3, 2020	
Signature	ula Timo co	
selected	ector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	PRESIDENT	
-	(Typed or printed name of person signing)	
	PAULA TINOCO	

(Title of person signing)