## P9800068437

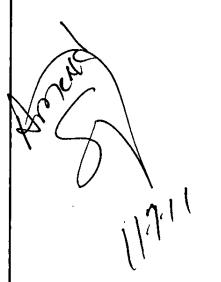
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION: STREAM	LINE AVIATION INC	ALVALONE TO LAND
DOCUMENT NUMBER: P98000068437	CALL REPORT AND AND AND	<u>a                                    </u>
The enclosed Articles of Amendment and fee ar	e submitted for filing. Additional	conningno de forma
Please return all correspondence concerning this	s matter to the following: Jones pe	trictice concluding it
MELKYS APARICIO	** *** *** * *** * * * * * * * * * * *	73.3.2019H
Name o	f Contact Person	
STREAMLINE AVIATION	· grace manue, sobre v, y · · · · · · · · · · · · · · · · · · ·	Constitution of the Consti
Fire	n/ Company	
1950 NW 88 CT	1930.77.	7 88 OT
	Address	
MIAMI, FL 33172	Allikali	, <u>FL 32072</u>
	ate and Zip Code	
melkys@streamlines  E-mail address: (to be used)  For further information concerning this matter, p	aviation.net melication)  for future annual report notification)  please callier fuel or incompation of	
MELKYS APARICIO	at (305KYS)\594 <sup>2</sup> 2220	, ;;
Name of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount ma  \$\sum{2}\$ \$35 Filing Fee \$\sum{2}\$ \$Certificate of Status	sade payable to the Florida Departs  \$43.75 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	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	,

## **Articles of Amendment Articles of Incorporation** of

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(Name of Corporation as currently filed with	h the Florida Dept. of S	State) A State
(Document Number of Corpor	ation (if known)	State)
Pursuant to the provisions of section 607.1006, Florida Staffollowing amendment(s) to its Articles of Incorporation:		in Corporation adopts the
A. If amending name, enter the new name of the corporat	ion: dan mpil marang	Ladin the any named in
The new name must be distinguishable and contain to "incorporated" or the abbreviation "Corp.," "Inc.," or C "Co". A professional corporation name must conta association," or the abbreviation "P.A."	o., "zor the designation	vii:Corp;:://inc;://or.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	ha ye ayu nplamon Talipulo ffice a laris	ne gertine, de meror de grande de la companya de l On transference de la companya de l
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		e <u>male soli oprincido</u> Anglio oprincipa
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address: (Flo	orida street address) 🔀	the Commence
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I amposition.		

Signature of New Registered Agent, if changing

If AMENDING	the Officers and/or Directors, ple	ase list all officers	directors of the corp	oration as you
now want the re	ecord to be. Please indicate the title( an index up to 6 officers/directors.   I	(s), name and addr	ess for each officer/dia	rector.
on an additional	sheet.)		(30.57)	preuse usi inem
Title(s)	<u>Name</u>	~· ~	Address	
1) <u>PD</u>	MELKYS APARICIO	; · 9785 SI	<u>₩ 99 AVE _ ₩ # 1 8 7 7</u>	9 224 2043
		MIAMI, FL 3	•••	
2) <u>VP</u>	MARIO L. FLEITAS		W 43 STR	<u> </u>
		DAVIE, FL 33	3330	
3)		31		
4)				
5)		<u> </u>		
		<del>-</del>		
6)	4417 4, 101	<u> </u>		
<b>.</b>				
If REMOVING removed:	an officer and/or director, please	list the title(s) and	I name of the officer/	director to be as that h
Title(s)	<u>Name</u>	Title(s) lots.	<u>Name was</u>	<u> 11 3.11</u>
1) <u>VP</u>	YAMAY PLA	4)		,
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Effective date if applicable: 10	/21/2011 (date of adop	tion - required)	100. 117	
(no	more than 90 days after amend	ment file date)	incomplete is	
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