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TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N:A	IR TA	XI, INCORPO	RATE	ED
DOCUMENT NUMBER: _	· · · · · · · · · · · · · · · · · · ·	P9900004278			
The enclosed Articles of Ame	endment and fee are s	ubmitt	ed for filing.		
Please return all corresponder	nce concerning this m	atter to	the following:		
	 		MYERS	· · · · · · · · · · · · · · · · · · ·	
	Name	of Con	tact Person		
	AIR TAXI,	, INCC	RPORATED		
	F	irm/ Co	mpany		
	1500 W CYPRESS	CRE	EK ROAD, SUITI	E 401	
-		Addre	ess		
	FT. LAUD	ERDA	LE, FL 33309		
			d Zip Code		
E-ma	AIRTAXI4U	J@AC	DL.COM annual report notificati	on)	
For further information conce	rning this matter, plea	ase cali	l:		
JAMES D M	YERS	_ at (954)		
Name of Contact Po	erson		Area Code & Daytim	e Teleph	one Number
Enclosed is a check for the fol	lowing amount made	payab	le to the Florida D	epartmo	ent of State:
	5 Filing Fee & ficate of Status	Cer	7.75 Filing Fee & rtified Copy ditional copy is enclos		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifto	et Address adment Section ion of Corporation on Building Executive Center (
,			hassee, FL 32301	_	

Articles of Amendment to Articles of Incorporation

FILED

AIR TAX	of	
	KI, INCORPORATED	a Dept. of State CRETARY OF STATE WIN)
(Name of Corporation as c	urrently filed with the Florid	a Dept. of State ECRETAR
P	99000004278	ALLAHASSEF ESTATE
(Document)	Number of Corporation (if known	wn)
ursuant to the provisions of section 607. mendment(s) to its Articles of Incorporation		lorida Profit Corporation adopts the follow
. If amending name, enter the new nam	ne of the corporation:	
	N/A	The new
Enter new principal office address, if applica (Mailing address MAY BE A POST OF	applicable: N/A REET ADDRESS)	
If amending the registered agent and/onew registered agent and/or the new remarks of New Registered Agent:		r Florida, enter the name of the
tume of them argistes en argem.		
Name of New Registered Agent. New Registered Office Address:	(Florida street a	ddress)
	(Florida street a	ddress), Florida (Zip Code)

Signature of New Registered Agent, if changing

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)

Title.	<u>Name</u>	Address	Type of Action
V. PRE	BONNIE S MYERS	PO BOX 5545 FT. LAUDERDALE, FL 33310	_ ☑ Add _ ☐ Remove
			_
·	•		_
	g or adding additional Articles, entertional sheets, if necessary). (Be spec		
provisions	ndment provides for an exchange, rest for implementing the amendment if applicable, indicate N/A)		

The date of each amendmen	nt(s) adoption:01/12/1999
Effective date <u>if applicable</u> :	(date of adoption is required) 01/12/1999
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
_ ``	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/waction was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	11/23/09
Signature_	fam //
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
1	JAMES D MYERS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)