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H170000491023ABCY

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: AMBAR DIAZ, P.A.

Account Number : I20110000016

FEB 22 2017

Phone

: (305)476-8100

Fax Number

: (305)476-8788

R. WHITE

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN ABO AIR GROUP CORPORATION

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COVER LETTER

| TO: Amendment Sec Division of Cor | | | | |
|--|---|---|---|--|
| NAME OF CORPO | PRATION: ABO AIR GROUP | CORPORATION | | |
| | IBER: P15000011800 | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | |
| | JOSE BALMORI | | | |
| | | Name of Contact Person | k | |
| | ABO AIR GROUP CORPOR | RATION | | |
| | ···· | Firm/ Company | | |
| | 2781 NW 82 AVE. | | | |
| | | Address | · · · · · · · · · · · · · · · · · · · | |
| | DORAL, FI. 33122 | | | |
| | | City/ State and Zip Code | ; | |
| iiba | mori@yahoo.es | | | |
| <u></u> | | sed for future annual report | notification) | |
| | (| , | , | |
| For further informati | on concerning this matter, pleas | se call: | | |
| JOSE BALMORI | | at (305 | 476-8100 | |
| Name of Contact Person | | Area Coo | de & Daytime Telephone Number | |
| Enclosed is a check t | for the following amount made | payable to the Florida Depa | rtment 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 P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

17 FEB 2 (((H17000049102 3)))

Articles of Amendment

| to | |
|---------------------------|----|
| Articles of Incorporation | ñ/ |
| of | |
| | |

| (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NO CHANGES The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NO CHANGES NO CHANGES NO CHANGES NO CHANGES NO CHANGES (Florida street address) Nome of New Registered Agent NO CHANGES (Florida street address) No CHANGES (Florida street address) No CHANGES Florida (Zip Code) | ABO AIR GROUP CORPORATION | | |
|--|---|------------------------------|--|
| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NO CHANGES The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NO CHANGES D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: NO CHANGES NO CHANGES (Florida street address) NO CHANGES NO CHANGES NO CHANGES Florida Florida Florida Florida Florida Florida | (Name | of Corporation as currentl | y filed with the Florida Dept. of State) |
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| No CHANGES New Registered Office Address: No CHANGES (Florida street address) No CHANGES , Florida | | | |
| Name of New Registered Agent No CHANGES (Florida street address) No CHANGES , Florida | D 16 1: 4b | .1/11 | |
| Name of New Registered Agent (Florida street address) New Registered Office Address: NO CHANGES , Florida | | | |
| (Florida street address) New Registered Office Address: NO CHANGES , Florida | Name of New Designment Asset | NO CHANGES | |
| New Registered Office Address: NO CHANGES, Florida | Name of New Registered Agent | | |
| New Registered Office Address: NO CHANGES, Florida | | (Ulasida sa | |
| New Registered Office Address:, Florida, | | • | ver address) |
| (City) (Zip Code) | New Registered Office Address: | | |
| | | | (Lip Code) |
| | New Registered Agent's Signature, if c | hanging Registered Agent: | |
| New Registered Agent's Signature, if changing Registered Agent: | I hereby accept the appointment as regist | ered agent. I am familiar v | with and accept the obligations of the position. |
| New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | |
| New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | |
| New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | Signature of New R | evistered Avent if changing |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing | | Signama in in the term | ADMINISTRACTOR & ALBERTANIES |

(((H17000049102 3)))

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.

| X Change | PT John | Doe | |
|-------------------------------|------------------------|------------------|--|
| X Remove | <u>V</u> <u>Mike</u> | : Jones | • |
| <u>X</u> Add | <u>SV</u> <u>Sally</u> | Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | P | FERNANDO ASENCIO | 3501 58TH STREET NORTH |
| Add | | | ST. PETERSBURG, FL 33710 |
| X Remove | | • | |
| 2) X Change | P, T, CEO | JOSE BALMORI | 2420 SW 128TH COURT |
| Add | | • | МІДМІ, FL 33175 |
| Remove | | | <u>. </u> |
| 3) Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | <u> </u> |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) AMENDMENT TO ARTICLE VII: |
|---|
| FERNANDO ASENCIO'S PARTICIPATION IN THE CORPORATION CEASED COMPLETELY AS OF MARCH 30TH |
| 2016. JOSE BALMORI BECAME THE PRESIDENT, TREASURER, AND CEO AS OF THE SAME DATE. |
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| F. If 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) |
| NO CHANGES |
| |
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11:12:57 a.m. 02-21-2017

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| The date of each amendmen | (s) adoption:, if other that |
|---|--|
| date this document was signed | • |
| | FEBRUARY 10TH, 2017 |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| | this block does not meet the applicable statutory filing requirements, this date will not be listed a the Department of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): |
| "The number of vote | east for the amendment(s) was/were sufficient for approval |
| by | 71 |
| · · · | (voting group) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder |
| FEBI Dated | EUARY 10TH, 2017 |
| , Se | by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) JOSE BALMORI |
| | |
| | (Typed or printed name of person signing) |
| | PRESIDENT, TREASURER, AND CEO |
| | (Title of person signing) |