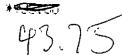
# P14000093094

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### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

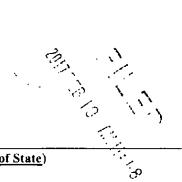
. . .

NAME OF CORPOR	ATION: _AIRCRAFT MOD	o'S SPECIALIST, INC		
DOCUMENT NUMBI	P14000093096			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
F	ELIX N. ESPINOZA			
_		Name of Contact Person	1	
A	AIRCRAFT MOD'S SPECIA	ALIST, INC		
_		Firm/ Company		
ç	785 ANSLEY LAKE DRIV	Æ		
<del>-</del>		Address		
J	ACKSONVILLE, FL., 3222	22		
		City/ State and Zip Code	e	
	apittman@	aircraftmodspecialists.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ANDREA PITTMAN		904 at (	480-1366	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
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 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis	ng Address Idment Section Ion of Corporations Box 6327	Street Address  Amendment Section  Division of Corporations  Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



#### AIRCRAFT MOD'S SPECIALIST, INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P14000093096	<i>3</i>	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(	
A. If amending name, enter the new name of the corporation:		
	The new	
ame must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
3. Enter new principal office address, if applicable:	9785 ANSLEY LAKE DRIVE	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	JACKSONVILLE, FL 32222	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9785 ANSLEY LAKE DRIVE	
	JACKSONVILLE, FL 32222	
<ol> <li>If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address</li> </ol>		
Name of New Registered Agent	<del></del>	
(Florida s	street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agen		
hereby accept the appointment as registered agent. I am familiar	чин ана ассері іне орнувшоль ој іне ромшон.	
Simon of New	Registered Agent, if changing	
Signature of New	Kegisterea Agent, ij 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)

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		GIOCONDA URROZ DE ESPINOZ	9785 ANSLEY LAKE DRIVE
XX Add		_		JACKSONVILLE, FL 32222
Remove				·
2) Change		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<u></u>			
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
- · · · · · · · · · · · · · · · · · · ·	
<del>.</del>	
	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	02/07/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
02 Effective date <u>if applicable</u> :	2/08/2017	
Effective date it applicable.	(no more than 90 days aft	fter amendment file date)
Note: If the date inserted in this document's effective date on the I		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
	oproved by the shareholders through voting each voting group entitled to vote sepa	
	st for the amendment(s) was/were sufficie	• •
by	(voting group)	.,,
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without share	cholder action and shareholder
Dated 02	07/17	
Dated 02 Signature	Ĭ.	
(By a selec	director, president or other officer - if direct, by an incorporator - if in the hands of other fiduciary by that fiduciary)	
	FELIX N. ESPINOZA	
	(Typed or printed name of p	person signing)
	PRESIDENT	
	(Title of person	signing)