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R. White

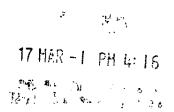
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: P99000094007			
DOCUMENT NUM	BER: AIRCRAFT ENTERP	RISES INC		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	BIBI S ALLI			
		Name of Contact Person	1	
	AIRCRAFT ENTERPRISES	INC		
		Firm/ Company		
	602 SW 77 WAY			
		Address		
	PEMBROKE PINES, FL 330	023		
		City/ State and Zip Code	2	
	F-mail address: (to be us	sed for future annual report	notification)	
	E man address. (to be as	sou for facult annual report		
For further information	on concerning this matter, pleas	se call:		
BIBI S ALLI		at (817-5171	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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		Street Address Amendment Section Division of Corporations Clifton Building		
Tal	lahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AIRCRAFT ENTERPRISES INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P99000094007	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City) (Zip Code)
N. D. State of A. State of State of the State of The State of Assets	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
, , ,,	
Signature of New Re	gistered 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)

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>	Address
1) Change	VP,S	BIBI S ALLI	4481 W COUNTRY CLUB CIR
X Add			PLANTATION, FL 33317
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
(,	/
 	
	,
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment user,
()	
	

	FEBRUARY 23RD, 20		
The date of each amendment(s) addate this document was signed.	loption:		, if other than the
	RUARY 23RD, 2017		
Effective date <u>if applicable</u> :	(no more than 90 d	ays after amendment file date)	
Note: If the date inserted in this be document's effective date on the De		le statutory filing requirements, this date v	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were add by the shareholders was/were su	•	imber of votes cast for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through	h voting groups. The following statement e separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were su	ufficient for approval	
by	(voting group)	"	
	(voting group)		
The amendment(s) was/were add action was not required.	pted by the board of directors wit	thout shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without	t shareholder action and shareholder	
FEBRUAF Dated	Y 23RD, 2017		
Signature	Shek dh		<u>.</u>
(By a d		- if directors or officers have not been	
	d, by an incorporator – if in the hatted fiduciary)	ands of a receiver, trustee, or other court	
а ррош			
	SHEIK ALI		
	(Typed or printed nam	ne of person signing)	
	PRESIDENT		
	(Title of p	person signing)	