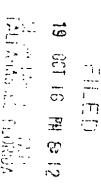
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AVIABLU INC		
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PATRICK MOYAL		
		Name of Contact Person	1
	MOYAL ACCOUNTING SE	ERVICES INC	
t.		Firm/ Company	
,	10796 PINES BLVD SUITE	204	
•		Address	
	PEMBROKE PINES FLORI	DA 33026	
	-	City/ State and Zip Code	2
PAT	RICKMOYAL@GMAIL.CON	. [
	-	sed for future annual report	notification)
		·	
For further information	on concerning this matter, pleas	se call:	
PATRICK MOYAL		954 at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtiment of State:
■ \$35 Filing Fee	□S43.75 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AVIABLU INC

(Name of Corporation as currently	filed with the Florida Dept. of State)		
P19000066583			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	forida Profit Corporation adopts the following a	ımendme	nt(s) t
A. If amending name, enter the new name of the corporation:			
	7	he 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 "P	a". A professional corporation name must co-		
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)	F- '		
	 	9	1°-
D. If amending the registered agent and/or registered office addre	se in Florida, antar the name of the	7	
new registered agent and/or the new registered office address:	ss in Profinda, enter the name of the	- 97	
Name of New Registered Agent		5	
(Florida stree	1 address)		
New Registered Office Address:	, Florida		
(6	(Zip Col	<i>1e)</i>	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position		
Thorsely decept the appointment as registered agent. Turn jaminal wi	in and accept me obligations of the position.		
Signature of New Res	vistered 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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	SACHA GAGNE	1050 MELANCON UNIT 1
X Add			SAINT-JEROME
Remove			QUEBEC JZY 6Y9 CANADA
2) Change			
Add			4 2 v.
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

tach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
 -	
	Willian Baran 1997
	have a verterifferies ou compellation of larged about
f an amendment provides for an exc	andment if not contained in the emendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:
f an amendment provides for an exc provisions for implementing the am- (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:
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if an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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provisions for implementing the amo	endment if not contained in the amendment itself:
rovisions for implementing the ame	endment if not contained in the amendment itself:

•	SEPTEMBER 24, 2019	
The date of each amendmen		, if other than the
late this document was signed		
····- ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	SEPTEMBER 24,2019	
Effective date if applicable:	BEI LEMINIK ET,EUTY	
Bricerie date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(spere sufficient for approval.	s)
	ere approved by the shareholders through voting groups. The following statemed led for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder.	er
adion has not required.		
SEPT	ГЕМВЕR 24, 2019	
Dated		
	1.// / 1.	
0:	a sinke dulat	
Signature _		
	By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator - if in the hands of a receiver, trustee, or other coun	π
а	appointed fiduciary by that fiduciary)	
	EMILIO AUTORE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	INCOLUCIA	
	(Title of person signing)	