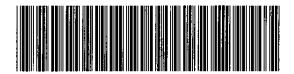
632317

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2009 FEB 23 AM II: 00
SECRETARY OF STATE
AND SEFF. FLORID

2/24/09

COVER LETTER

TO: Amendment Section **Division of Corporations**

DATIAL MT	nnnt (Enurch tak
NAME OF CORPORATION:	ERPORT SERVICES INC
DOCUMENT NUMBER: 63231	7
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter to	o the following:
Daniel T. Came (Name of Contact F	10, E59.
LAN Air lines	<u>5.A.</u>
` '	Street
Miami, FL 3:	3122 Code)
For further information concerning this matter, please cal	
1	786 3656088 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:
Certificate of Status Ce	3.75 Filing Fee & S52.50 Filing Fee criffied Copy dditional copy is nclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amendment Division of Corporations Division Of Corporation Division Divisio	et Address Industry of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED

Artic	cles of Incorporation of	2009 FEB 23 AM 11: 00
PRIME AIR	PORT SERVI	(ETALLALLA COF STATE
(Name of Corporation as curre	ently filed with the Florida D	Dept. of State)
6323	317	
(Document Nun	nber of Corporation (if known))
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incor		ida Profit Corporation adopts the
A. If amending name, enter the new name of	f the corporation:	
The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the des	ignation "Corp," "Inc," or
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or new registered agent and/or the new regis		lorida, enter the name of the
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	(Florida street addi	ress)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered	ng Registered Agent:	and accept the obligations of the

position.

Signature of New Registered Agent, if changing

Title	Name Training	Address Type
<u> </u>	Javier Luck	6500 NW 22nd Street x . Mlami, FL 33122
		
	-	
•		
		reclassification, or cancellation of issued sh
provisio		reclassification, or cancellation of issued sh if not contained in the amendment itself:
<u>provisio</u>	ons for implementing the amendment	
<u>provisio</u>	ons for implementing the amendment	
<u>provisio</u>	ons for implementing the amendment	

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 2/20/09
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 court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Director
(Title of person signing)