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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	PPORT SERVICES Name of Corporation		
DOCUMENT NUMBER: 4663046 / 167	•		
The enclosed Articles of Correction and for			
Please return all correspondence concerni	ng this matter to the following:		
Sofia Ingel			
Name of Contact Person			
Precision Airparts Support Services			
Firm/Company			
1768 Wildwood Rd			
Address			
Green cove springs FL 32043			
City/State and Zip Code			
singel@passinc.com			
E-mail address: (to be used for future annual a	report notification)		
For further information concerning this m	atter, please call:		
Sofia Ingel	at () Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	ount:		
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building		
rananassee, rt. 32314	2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF CORRECTION

For

Precision Airparts Support Services , Inc.			
Name of Corporation as currently filed with the Florida Dept. of	of State		
E15-14491.			
FIS-4486 Document Number (if known)			
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the doc	tument being cor	rporation rected.	ı files
These articles of correction correct Articles of corporation amendments (Document Type Be)	ent		
filed with the Department of State on 03/29/2019 (File Date of Document)	····································		
Specify the inaccuracy, incorrect statement, or defect: Corporation owership should be amended to:			
	·		
SOFIA INGEL %90			
TONY ORDAZ %10		AS	
OFFICERS OF CORPORATION INCLUDE ;SOFIA INGEL AND	TONY ORDAZ	LC:	Q
			PR
		SSE F	+ 7
		m [©]	₹ '
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Correct the inaccuracy, incorrect statement, or defect:		RIE	0
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		-	
Sofia lagel			
(Signature of a director, president or other officer - if directors or o not been selected, by an incorporator - if in the hands of the receiv other court appointed fiduciary, by that fiduciary.)			
SOFIA INGEL	CFO		
(Typed or printed name of person signing)	(Title of n	erson signin	2)

Filing Fee: \$35.00