

H57355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 SEP - 1 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 06 2017

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2017

DAMARIS LEIGHTON  
THRUST-TECH AVIATION, INC  
6701B NW 12TH AVENUE  
FT LAUDERDALE, FL 33309

SUBJECT: THRUST-TECH AVIATION, INC.  
Ref. Number: H57355

We have received your document for THRUST-TECH AVIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 917A00014720

RECEIVED  
7 SEP - 1 PM 4:50  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THRUST TECH AVIATION INC

DOCUMENT NUMBER: H57355

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAMARIS LEIGHTON

Name of Contact Person

THRUST-TECH AVIATION,

PH. 954-984-0450

6701B NW 12TH AVENUE

FORT LAUDERDALE, FL 33305

City/ State and Zip Code

DAMARIS@CRSJETSPARES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMARIS LEIGHTON

Name of Contact Person

at ( 954 ) 972-2807

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

THRUST TECH AVIATION, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

H57355

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

DAMARIS LEIGHTON

6701 NW 12 AVENUE FT. LAUDERDALE, FL 33309

(Florida street address)

New Registered Office Address:


(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

X 

Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |            |                            |   |
|--|------------|----------------------------|---|
| 1) <input type="checkbox"/> Change         | <u>PD</u>  | <u>ARMANDO LEIGHTON JR</u> | <u>6701 NW 12 AVENUE</u><br><u>FT. LAUDERDALE, FL 33309</u>   |
| <input type="checkbox"/> Add               |            |                            |   |
| <input checked="" type="checkbox"/> Remove |            |                            |   |
| 2) <input type="checkbox"/> Change         | <u>VST</u> | <u>MIRTA CHANG</u>         | <u>1113 NW 134 AVENUE</u><br><u>SUNRISE, FL 33323</u>         |
| <input type="checkbox"/> Add               |            |                            |   |
| <input checked="" type="checkbox"/> Remove |            |                            |   |
| 3) <input type="checkbox"/> Change         | <u>ST</u>  | <u>DMARIS LEIGHTON</u>     | <u>6701 N.W. 12 AVENUE</u><br><u>FT. LAUDERDALE, FL 33309</u> |
| <input checked="" type="checkbox"/> Add    |            |                            |   |
| <input type="checkbox"/> Remove            |            |                            |   |
| 4) <input type="checkbox"/> Change         |            |                            |   |
| <input type="checkbox"/> Add               |            |                            |   |
| <input type="checkbox"/> Remove            |            |                            |   |
| 5) <input type="checkbox"/> Change         |            |                            |   |
| <input type="checkbox"/> Add               |            |                            |   |
| <input type="checkbox"/> Remove            |            |                            |   |
| 6) <input type="checkbox"/> Change         |            |                            |   |
| <input type="checkbox"/> Add               |            |                            |   |
| <input type="checkbox"/> Remove            |            |                            |   |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 7-11-17, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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):

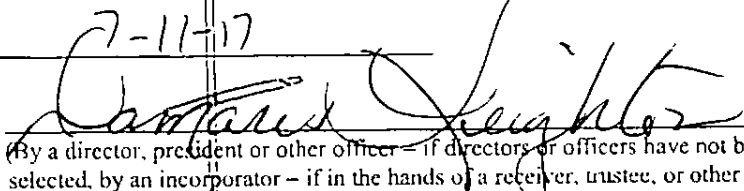
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 7-11-17

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)

DMARIS LEIGHTON  
(Typed or printed name of person signing)

SECRETARY

(Title of person signing)