## K70953

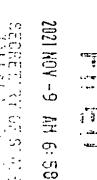
(Requestor's Name)
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## COVER LETTER

TO: Amendment Section Division of Corporations

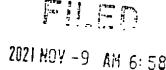
Tallahassee, FL 32314

NAME OF CORPO	RATION: SYSTEMS REPAI	R SERVICE COMPANY, I	NC DBA 630 AEROSPACE
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	uter to the following:	
	Andrew Somar		
		Name of Contact Persor	1
	SYSTEMS REPAIR SERVIO	CE COMPANY, INC.	
		Firm Company	
	13930 NW 60th Avenue.		
		Address	
	Miami Lakes Fl 33014		
		City/ State and Zip Code	e
	accounting@630aerospace.co	om.	
		sed for future annual report	nottlication
For further informatio	n concerning this matter, pleas	se cull:	
Maria Arango	of Contact Person	754	208-3737
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	ortment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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  The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



SYSTEMS REPAIR SERVICE COMPANY, INC.

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SECRETARY	<u> </u>	C.T.	·- <u>-</u>
<u>taté) [                                   </u>		٠.	· -

(Name of Corporation	as currently filed with the Fl	orida Dept. of State)
K70983		
(Documen	nt Number of Corporation (if kr	lown)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation;	tatutes, this Florida Profit Corp	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:	
630 AEROSPACE, INC		Тhe неж
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS )	<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BON</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
	trioriai sireet manessi	
New Registered Office Address:	tCity)	, Florida
	(c)\dot{\dot{\dot{\dot{Q}}}\dot{\dot{Q}}	(z.p v. oue)
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered agent. I a.	m familiar with and accept the	obligations of the position.
Signatur	re of New Registered Agent, if a	hanging
Alternative for an effect to		

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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			
Add			
Remove			
2) Change			
Add			4
Remove 3 ) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

, , , , , , , , , , , , , , , , , , , ,	g or adding additional A tional sheets, if necessary	). (Be specific)			
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16	ton out of the	1 1 20			
nrovision	Iment provides for an ex	<u>enange, reclassific</u> nendment if not co	ation, or cancella	alion of issued sh mondmont itself:	ares,
(if no	for implementing the ar applicable, indicate N/A)	neuditent ii not co	intained to the al	nendment tisen.	
					-
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	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 9t) days after amendment file (	date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require surtment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without sh	archolder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	·
by		
	(voting group)	
selected appointe -	ever president or other officer – if directors or officers he by an incorporator – if in the hands of a receiver, trustee diduciary by that fiduciary)  HOREW Somar.  (Typed or printed name of person signing)	, or other court
-	Persident. (Title of person signing)	
	trace or person signing)	