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## **COVER LETTER**

. . .

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Eurocraft industrie	s, Inc.			
DOCUMENT NUMB	D00000037340				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Richard C Entin				
•		Name of Contact Perso	n		
	Law Offices of Richard C En	tin			
•	***	Firm/ Company			
	633 S Andrews Ave Suite 500				
•		Address	·····		
	Fort Lauderdale, Florida 333	01			
		City/ State and Zip Cod	le		
H.SE'	VERIN.HS@GMAIL.COM				
	<del>-</del>	ed for future annual report	notification)		
	•	•	,		
For further information	concerning this matter, pleas	se call:			
Richard C Entin		at ( <u>954</u>	719-0325		
Name o	f Contact Person	at ( ) Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Eurocraft Industries, Inc	•				
( <u>Name</u>	of Corporation as currentl	y filed with the Florida Dept. of State	,)		
Eurocraft Industries, Inc POC	(Document Number of Corporation (if known)				
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendme	nt(s)	
A. If amending name, enter the new n	ame of the corporation:				
Eurocraft of Florida, Inc			The new		
name must be distinguishable and collicorp.," "Inc.," or Co," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or "	Co". A professional corporation nan	r the abbreviation ie must contain the	! ?	
B. Enter new principal office address	if annlicable:	N/A			
(Principal office address MUST BE A.	STREET ADDRESS )				
C. Enter new mailing address, if app	licable:	N:/A	三层层 表		
(Mailing address MAY BE A POST		N/A			
			28_ 555_		
		<del></del>	2000年	四回	
			101. 2		
D. If amending the registered agent a	nd/or registered office add	ress in Florida, enter the name of the	· 超级 31		
new registered agent and/or the n		<u>s:</u>	3-		
Name of New Registered Agen	<u> </u>				
	(Florida st	reet address)			
New Registered Office Address	N/A ::	, Florida			
		(City)	(Zip Code)		
N B 14 4 5 5 4 4 5	-bwine Desistant Agen	<b>.</b> .			
New Registered Agent's Signature, if I hereby accept the appointment as reg.	istered agent. I am familiar	<u>v:</u> with and accept the obligations of the p	position.		
	Signature of New	Registered 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.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) N/A Change		_	
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amend (Attach ad	ing or adding Iditional sheet:	additional Art s, if necessary).	ticles, enter char (Be specific)	ge(s) here:			
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		•					
If an am	endment prov	vides for an exc	change, reclassif	ication, or c	ancellation of	lissued shares,	1
provisio (if i	ons for impley	nenting the am . indicate N/A)	endment if not	contained in	the amendme	ent itsett:	
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The date of each amendment(s) adoption:	, 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 document's effective date on the Department of State's records.	will not be listed as the
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)	
(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 11811-07-2017	
Signature Y) Lew boyn	
(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)	
HANS SEVERIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	