P000088167

(Requestor's Name)				
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\(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

AMENE 218



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2010

GERMAN ALVAREZ AERO-PARTS CONNECTIONS, INC. 3535 NW 19 STREET LAUDERDALE LAKES, FL 33311

SUBJECT: AERO-PARTS CONNECTIONS, INC.

Ref. Number: P00000088169

We have received your document for AERO-PARTS CONNECTIONS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 910A00002940

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: ACAO - P	Paut Connection	√
DOCUMENT NUMBER: Q Øφφφα 88	1169	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
<u> </u>	Alvany ne of Contact Person	
Aero-Pouts	COMPOTIONS Firm/ Company	·
3535 NW	Address	
<u>Jauderdall</u>	State and Zip Code	311
GOLVOY OCCUPANT E-mail address: (to be used to	or future annual report notification)	m
For further information concerning this matter, pl	ease call:	1
Monica Lalcia Name of Contact Person	at (786) \$25 - 49 Area Code & Daytime Telep	979 ohone Number
Enclosed is a check for the following amount made	de payable to the Florida Departn	nent of State:
☐ \$35 Filing Fee ☐ \$43.75 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	· ***
<u>· · · · · · · · · · · · · · · · · · · </u>	ACNO-POUTS CONNE	the Florida Dept. of State)
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-	(Document Number of Corporat	
_	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	he provisions of section 607.1006, Florida Statut) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the Boltowing
A. <u>If amend</u>	ing name, enter the new name of the corporatio	<u>n:</u>
		The new
abbreviation		oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	w principal office address, if applicable:	3535 NW 195T
	fice address <u>MUST BE A STREET ADDRESS</u>)	landerdale dalus, FL
		33311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3535 NW 195T
		Laudidale Lakes, FL
	ing the registered agent and/or registered office stered agent and/or the new registered office ad	
<u>Name</u>	e of New Registered Agent:	
<u>New I</u>	Registered Office Address: (Flor	ida street address)
		, Florida
	(City)	(Zip Code)
New Registe	red Agent's Signature, if changing Registered A	gent:
		iliar with and accept the obligations of the 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)

<u>Title</u>	Name	Address	Type of Action
<u> </u>			☐ Add☐ Remove
		<u> </u>	☐ Add☐ Remove
	ing or adding additional Articles, Iditional sheets, if necessary). (Be		
provisio	nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)	e, reclassification, or cancel ent if not contained in the an	lation of issued shares, nendment itself:
		,	

The date of each amendment(s) adoption:
(date of adoption is required)
(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
by" ·" ·
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 9 10 2010
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)
Citle of person signing)