P03000044321

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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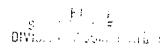
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AOMAC Services	Inc.			
DOCUMENT NUMB	ER: P03000044321				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
1	Michael Chapman				
-		Name of Contact Persor	1		
	AOMAC Services Inc.				
_		Firm/ Company			
5	6683 Strand Ct				
-	Address				
1	Naples, FL 34110				
-		City/ State and Zip Code	e		
michae	el@aomac.com				
.	=	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Michael Chapman		at (430-4310		
Name o	f Contact Person	Area Code & Daytime Telephone Numbe			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section			
Divis	ion of Corporations		on of Corporations		
	Box 6327 hassee, FL 32314		Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AOMAC Services Inc.

15 OCT 27 PM 1:39

to

AOMAC Services Inc.	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P03000044321	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporati	on:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	Agent: miliar 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)

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.

Frample:

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith .	
Type of Action (Check One)	Title		Name	Address
1) Change	D, Sec	_	Danielle. Smith	700 11st S PH2
Add				Naples, FL 34102
X Remove				
2) Change		_	<u> </u>	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

A 112/C 17	nding or adding additional Arti additional sheets, if necessary).	(Re specific)	<u> </u>		
Attach		(be specific)			
-					
	Marie Carlotte				
. •					
			•		
			·-·	·	
		······································			
	,				
•			·		
fana	mendment provides for an exch	anga raclassification	or cancellation of i	sened shares	
Drovis	sions for implementing the ame	ndment if not contain	ed in the amendmen	t itself:	
(i)	f not applicable, indicate N/A)				

The date of each amendment	2015-9-19 (s) adoption:	, if other than the
date this document was signed		S. F.
Effective date if applicable:	2015-9-19	DIVIL - A CONTY
	(no more than 90 days after amendment file date)	15 OCT 27 PM 1:39
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following stands 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/wer action was not required.	re adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and sharehold	er
2015-	10-15	
Dated Signature	(\$H-	
	by a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or other	
	opointed fiduciary by that fiduciary)	· vouit
	Michael Chapman	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	