## P05000003187

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FILEU SECRETARY OF STATE DIVISION OF COMPORATION

C LEWIS

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: VENAIR INC			
DOCUMENT NUME	BER: P05000003187			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	ERNEST SALO			
		Name of Contact Pers	on	
	VENAIR INC			
		Firm/ Company		
	16713 PARK CENTER BLV	'D		
		Address		
	MIAMI GARDENS FL 3316	59		
•		City/ State and Zip Co	ode	
ESAL	O@VENAIR.COM			
	E-mail address: (to be us	sed for future annual repo	rt notification)	
For further information	concerning this matter, pleas	se call:		
ERNEST SALO		at ( 305	362-8920	
Name o	f Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:	
S35 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

FILEU SECRETARY OF STATE DIVISION OF CORPORATION:

## Articles of Amendment to Articles of Incorporation of

2016 JUN -6 AM 10: 35

	***		
INAIRING			
(Name	of Corporation as currently filed	with the Florida Dept. of State)	
5000003487			
<del></del>	(Document Number of Corp	oration (if known)	
sount to the provisions of section 607	.1006. Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the following amendments	
Articles of Incorporation:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
If amending name, enter the new n	ame of the corporation:		
	410		
ne must be distinguishable and con orp.," "Inc.," or Co.," or the design of "chartered," "professional associa	uation "Corp," "Inc," or "Co".	The new ampany," or "incorporated" or the abbreviation A professional curporation name must contain 15	
		AIA	
Enter new principal office address, incipal office address MUST REALS		1911	
The spin office sources the section to the section of the section	1.11.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
<u>Unter new mailing address, if appl</u> (Mailing address <u>MAY BE A POST</u>	leable: OFFICE RON	4/4	
If amending the registered agent an new registered agent and/or the new	y registered office address:	Florida, enter the name of the	
Name of New Registered Agent	ERNEST SALO		
	16713 PARK CENTER BLVD		
	(Florula street add	est	
New Registered Office Address:	MIAMI GARDENS	Florida 33169	
	1Cips	(Zip Code)	
<u>w Registered Agent's Signature, if e</u>	hanging Registered Agent:		
veby accept the appoinment os regist	ered agent. I am familiar with an	d accept the obligations of the position.	
4	Signature of New Register	ed gent of changing	
		$\mathcal{X}$	
	(		

Page 1 of 4

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>y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	S	TORRENTS, JORDI R	2655 LE JUNE ROAD SUITE 804
Add			CORAL GABLES FL 33134
X Remove			
2) X Change	ST	ERNEST SALO	DOMENECH I MONTANER 4
Add	_		MATADEPERA,BARCELONA
Remove			BC 08223
3 ) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  A] A			le specific)				
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•	06/1/2016	
The date of each amendment(s) a	adoption:	, if other than th
date this document was signed.		TILLU
Effective date <u>if applicable</u> :		SECRETARY OF STATE SIVISION OF CORPORATION
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	2016 Jun - 6 AM 10: 35 this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amen ufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareho	lder
06/1/2016 Dated		
selecte	drectors president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	ANDRES FERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	