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Amend

NOV 1 6 2012 T. BROWN

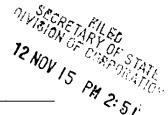
COVER LETTER

TO: Amendment Section

Division of Corporations .			*	
NAME OF CORPORATION:OS	SAKA Ai	12 COM	PANY.	
DOCUMENT NUMBER: PO	5 <i>0000</i> 0	1343	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and	fee are submitted	i for filing.		
Please return all correspondence concerning	ng this matter to t	he following:		
Lilif	INA HA	7LDONADO	ຶ່ງ	
	Nar	ne of Contact Per	son	
O5A	KA AIR	COMPAN	υ γ	
		Firm/ Company		
7630	w 84	th st		
		Address		
HIALE	AH . FL	Address Address S30 State and Zip C	016.	
	City	/ State and Zip C	ode	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LILIANA HALDON	ADO	at(_30.5	(Code & Daytime Telephone Number	
Name of Contact Person		Area	Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	f Status Co (A	3.75 Filing Fee & ertified Copy dditional copy is aclosed)	States Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			et Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle		1 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment . to Articles of Incorporation of



	OMPANY	CORP. the Florida Dept. of State)
<u>P060000</u> (Document	<u>9343</u> Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006, Florida Statutes	, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new nam	ne of the corporatio	o <u>n:</u>
N/A		The new
name must be distinguishable and conta	ion "Corp," "Inc,"	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if (Principal office address MUST BE A STI		N/A
(Mailing address MAY BE A POST Of the National State of the Indiana of the registered agent and new registered agent and/or the new	or registered office	e address in Florida, enter the name of the
Name of New Registered Agent		SARHIENTO
	3630 W.	84 M St. HIALEAH. FL. 33016 ida street address)
New Registered Office Address:		(City), Florida(Zip Code)
		(City) (Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register	red agent. I am fam	Agent: niliar with and accept the obligations of the position.

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 <math>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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	HUGO AMAYA	2620W 84 th or
Add			HIALEAH. FL. 3301
X Remove			
2) X Change		LILIANA MALDONADO	2620 W 84 Th ST
Add			MIALEAH. FL. 33016
Remove			
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	N/A
	The state of the s
	4.940-4.
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indiment it not contained in the amendment itser.
	NA
	V-[(1
	the state of the s
	<u> </u>

The date of each amendment(s) adoption:	$\underline{}$	30, d	3017.	
Effective date if applicable:	OCT	30, 30	312.	
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for		The number of	votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vot				
"The number of votes cast for the ar			for approval	
by	(voting group)		"	
The amendment(s) was/were adopted by action was not required.	the board of direc	tors without sha	reholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators	without shareho	lder action and shareholder	
Dated NOV 9,	9015			
Signature (By a director, p	douse	officer – if direc	ctors or officers have not been	
	incorporator — if it is it is it is in a single in a s		receiver, trustee, or other court	
LILIANA MALDONADO.				
(Typed or printed name of person signing)				
	LD UP		D .	
(Title of person signing)				