## P06000009343

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TALLARASSES, FOORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

DOCUMENT NUMBE	OSAKA A PO6000009	343	Y CORP		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspond	ondence concerning this ma	tter to the following:			
LILIANA MALDONADO					
Name of Contact Person OSAKA AIR COMPANY CORP					
_		Firm/ Company			
PO BOX 298008.HOLLYWOOD .FL.33029					
		City/ State and Zip Cod	e		
L.MALDONADO@OSAKA-AIR.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
LILIANA MA	LDONADO	at (305	,6982240		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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		Amend	Address Iment Section on of Corporations		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

## OSAKA AIR COMPANY CORP.

13 AUG 16 PM 2: 21

(Name of Corporation as currently filed with the	Florida Dept. of State)
PO600009343	
(Document Number of Corporation	(ifknown)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
(Frincipal office address MOST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	1.)/A ·
(Mailing address MAY BE A POST OFFICE BOX)	N/A '
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	ty) (Zip Code)
(Ci	(V) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	

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	PT	John D	<u>oe</u>			
X Remove	<u>v</u>	Mike J	<u>ones</u>			
X Add	<u>sv</u>	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
1) X Change	PD		LILIANA MALDONADO	PO BOX 298008.HOLLYWOOD		
Add				FL.33029		
Remove						
2) Change		_		·		
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		<b></b>				
Add				<del> </del>		
Remove				<del></del>		
5) Change						
Add						
Remove				<u> </u>		
6) Change		_	-			
Add				01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Remove						

ch additional sheets, if necessary).	(Be specific)
	NIA
	NIN
·	
	<del> </del>
	,
	***************************************
n amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	ndment if not contained in the amendment itself:
ovisions for implementing the amer (if not applicable, indicate N/A)	
ovisions for implementing the ame (if not applicable, indicate N/A)	
ovisions for implementing the amer (if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	

The date of each amendment(s	AUGUST 12 2013	, if other than the
date this document was signed.  Effective date if applicable:	MAY 24 2013	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated AU	GUST 13,2013	
	GUST 13,2013  Parameter of directors or officers have not been	_
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	LILIANA MALDONADO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	

(Title of person signing)