Florida Department of State
Division of Corporations
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(((H17000161423 3)))

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
ADVANCED AIR SOLUTIONS INC.

Certificate of Status	0
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June 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADVANCED AIR SOLUTIONS INC.
5432 W CRENSHAW ST
SUITE C
TAMPA, FL 33634US

SUBJECT: ADVANCED AIR SOLUTIONS INC.
REF: P06000015005

We received your electronically transmitted document. However, the
document has not been filed. Please make the following corrections and
refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same
as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate
places. One or more major words may be added to make the name
distinguishable from the one presently on file.

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call (850) 245-6838.

Cheryl R McNair   FAX Aud. #: H17000161423
Regulatory Specialist II   Letter Number: 917A00012369

H17000161423 3

Pg 3 of 6

JUN 22 PM 4:41

Articles of Amendment
to
Articles of Incorporation
of

Advanced Air Solutions Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000015005

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

AJAS Group Inc.   _The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____ , Florida_____
(City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

Page 1 of 4

H17000161423 3

H17000161423 3
Reg 4 of 6

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 Doe
_X_ Remove	V	Mike Jones
_X_ Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ___ Remove			
2) ___ Change ___ Add ___ Remove			
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

H17000161423 3

H1700016l4233

Pg 5 of 6

E. If amending or adding additional Articles, enter change(s) here:
    (Attach *additional sheets, if necessary*).   *(Be specific)*

_____

_____

_____

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F. If 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)

_____

_____

_____

_____

_____

_____

_____

H1700016l4233 3

H17000161423 3

Pg 6 of 6

The date of each amendment(s) adoption: _____ , if other than the
date this document was signed.

Effective date if applicable: _____
<div style="text-align:center">(no more than 90 days after amendment file date)</div>

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

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 _____ "
   <div style="text-align:center">(voting group)</div>

☐ 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 16/16/17

Signature Marek Stroz

(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)

Marek Stroz

(Typed or printed name of person signing)

President

(Title of person signing)