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C. LEVIS AUG 22 2014

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LEADER AIR SERVICE INC DOCUMENT NUMBER: P06000020457 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: APOLONIA MENDOZA Name of Contact Person LEADER AIR SERVICE Firm/ Company 6303 BLUE LAGOON DR STE 400 Address **MIAMI FL 33126** City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $at \ (\frac{786}{\text{Area Code & Daytime Telephone Number}})$ APOLONIA MENDOZA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

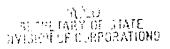
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

### Articles of Amendment to Articles of Incorporation of



## LEADER AIR SERVICE INC

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

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P06000020457	s currency med with the Fre	Thua Dept. of State)	
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following at	nendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			ie new
	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbr. To". A professional corporation name must con P.A."	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(,			
D. If amending the registered agent ar		ess in Florida, enter the name of the	
new registered agent and/or the ne	VILMA SCHWEF	PER	
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	
	6940 NW 186 S		
	(Florida stree MIAMI	,	
New Registered Office Address:	(City)	, Florida 33015 (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as pegist		ith and accept the obligations of the position.	
	I audoud		
$\leftarrow$	grature of New Registered Ag	gent, 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	<u>PT</u>	John_Do	<u>oe</u>				
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Sr	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1) Change	Р		APOLONIA MENDOZA	11302 NW 88 TERR			
Add				DORAL FL 33178			
2) Change	<u>P</u>	_	JOSE M. AGUILAR	6303 BLUE LAGOON DR			
Add				MIAMI FL 33126			
Remove							
3) Change	<del></del>	<del></del>					
Add							
Remove							
4) Change		<del>-</del> .					
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							
LL Kelliove							

E. <u>If amendin</u> (Attach <i>add</i>	ng or adding additional Additional Additional sheets, if necessar	Articles, enter ch v). (Be specific	ange(s) here:			
				***		
				<b>u.</b>		
				_		
						_
	· · · · · · · · · · · · · · · · · · ·		.=			
provision	ndment provides for an eas for implementing the a standard applicable, indicate N/A	mendment if not	ification, or car t contained in t	ncellation of issume amendment it	ed shares, self:	
	<del></del>					

The date of each amendment(s) add date this document was signed.	option: 08/13/2014	SECRET SECRETARIONS DIVISION OF CORFORATIONS	, if other than the
Effective date if applicable:	(no more than 90 days	14 AUG 18 PM 4: 35 after amendment file date)	-
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The numb	er of votes cast for the amendment(s)	
	oved by the shareholders through vo ach voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were suffi-	cient for approval	
by	(voting group)		
The amendment(s) was/were adop action was not required.	ted by the board of directors withou	nt shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without sha	areholder action and shareholder	
Dated 08/13/20	14		
Signature	Livid Hafrafor		_
selected,	ector, president or other officer – if by an incorporator – if in the hands d fiduciary by that fiduciary)	directors or officers have not been s of a receiver, trustee, or other court	
<u> </u>	APOLONIA MENDOZA		_
		name of person signing)	-
<u> </u>		erson signing)	-