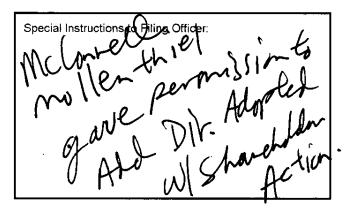
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(Requestor's	s Name)		
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(Business Entity Name)			
(Document Number)			
Certified Copies Ce	ertificates of Status		



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Append.
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AIRCRAFT	TECHNICAL PROFESSIONALS, INC.
DOCUMENT NUMBER: POGOC	00050031
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Mª CONNEU Mane of Cont	oLLENTH/EL act Person)
AIRCRAFT TECHNICAL	PROFESSIONALS INC.
18459 PINES BLVD (Addre	PMB 360
PEMBROKE PINES (City/State and	FL. 33029 Zip Code)
For further information concerning this matter, please	call:
Mª CONNELL MOLLEN THIEL (Name of Contact Person)	at (954) 465-7604 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327	treet Address Immendment Section Division of Corporations Clifton Building 661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

AIRCRAFT TECHNICAL PROFESSIONALS, INC.

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

PO6 0000 5 003 1

(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:

73.	· Hamename name, enter the n	iew name of the colbolation:

The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation namassociation," or the abbreviation "P.A."	"Inc.," or Co.," or t	the designation "Co	orp," "Inc," or	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			08 DEC 29 PM 72: OL	ח ווו
D. If amending the registered agent and/or a new registered agent and/or the new regi		ss in Fjorida, enter	the name of the	
Name of New Registered Agent:	Mª CONNELL	Mollenth	HEL	
New Registered Office Address:	18459 PINES (Florida stre	et address)		
	<u>Pembroke</u>		Florida 33029	1

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.

McConsol More 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	ROLANDE DOSSOUS	18459 PINES PMB 360 PEMBLOKE PINES,	BLVD Add Remove
<u>siden</u> t	MECONNELL MOLLENTHIEL	18459 PINES PMB 360 PEMBROKE PINE	BLVO
			Add Remove
	itional sheets, if necessary). (Be speci		
provisions	ndment provides for an exchange, rec for implementing the amendment if applicable, indicate N/A)		

The date of each amendme	ent(s) adoption:	DEC	22	2008
Effective date <u>if applicable</u>	: Dec	28	2008	
-	(no more than 9	0 days aft	er amendment j	file date)
Adoption of Amendment(s)			
The amendment(s) was action was not require	is/were adopted by t	he board o	of directors wit	hout shareholder action and shareholder
Dated	12/24/08	•		
Signature	Mª lonse	ll l	lollo	
ĥ	By the chairman or v	vice chairi ed, by an	man of the boar incorporator –	rd, president or other officer-if directors if in the hands of a receiver, trustee, or ry)
	Mª Co	NUELL	Moll	ENTHIEL
			nted name of pe	
			CTOR	
		(Title o	f person signing	g)

Page 3 of 3