P09000075297

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AEROSS PARTS	SUPPLY, CORP	. <u>.</u> .
DOCUMENT NUM	P00000075207		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	NEUZA CESAR		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	ATPLUS OF MIAMI INC		
		Firm/ Company	
	3650 NW 82 AVE SUITE	, ,	
		Address	
	DORAL,FL,33166		
		City/ State and Zip Cod	e
NEU	ZACESAR@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
NEUZA CESAR		at (4063800
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AEROSS PARTS SUPPLY,CORP		
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)
P09000075297		
	(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
AEROGOODS,CORP		The new
	nation "Corp," "Inc," or "Co	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		TILED SS
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent		es in Florida, enter the name of the
Name of New Registered Agent		
	(Florida stree	address)
New Registered Office Address:		, Florida
wew Registered Office Address.	(0	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar wit	th and accept the obligations of the position. Tristered 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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPD	FABIO F. QUILES	1617 RODMAN
Add			HOLLYWOOD,FL,33030
X Remove			
2) Change	P	JONATHAN P. GOUVEA	1617 RODMAN
X Add			HOLLYWOOD,FL,33030
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		Part Control of the C	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	

	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
n - 1	
-	
	· ************************************

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment fficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	r
DatedO	2/27/02017 (Joulean	
(By a d selecte	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other ded fiduciary by that fiduciary)	court
	JONATHAN P. GOUVEA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	