## P1000020103

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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SECRETARY OF STATE
SECRETARY OF STATE

1/15/11

|                                     |   | COVER LETTER   |   |
|-------------------------------------|---|--|---|
| TO: Amendment<br>Division of C      | Section                                   |  | ***************************************   |
| 4                                   |   |  | F   |
| NAME OF COR                         | PORATION:                                 | NAUTILUS6 INC  |   |
| DOCUMENT NU                         | UMBER:                                    | P10000020103   |   |
| The enclosed Artic                  | cles of Amendment and fee                 | are submitted for filing.  |   |
| Please return all co                | orrespondence concerning the              | his matter to the following:                                     |   |
|                                     |   | GAVRIEL MEIDAR   |   |
|                                     |   | Name of Contact Person   |   |
|                                     | ME  | GA PRECISION INC.  |   |
|                                     |   | Firm/ Company  |   |
|                                     | 2101 N                                    | COMMERCE PARKWAY   |   |
|                                     |   | Address  |   |
|                                     |   | VESTON, FL 33326   |   |
|                                     | •   | City/ State and Zip Code   |   |
|                                     | viviana@<br>E-mail address: (to be us     | Dmega-airlines.com<br>ed for future annual report notification)  |   |
| For further informa                 | ation concerning this matter              | . please call:   |   |
|                                     | AVRIEL MEIDAR                             | •  | 34-6776   |
| Name                                | of Contact Person                         | Area Code & Daytime Tele   | phone Number  |
| Enclosed is a check                 | k for the following amount i              | made payable to the Florida Depart                               | ment of State:  |
| ☑\$35 Filing Fee                    | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address                     |   | Street Address   |   |
| Amendment Section                   |   | Amendment Section  |   |
| Division of Corporations            |   | Division of Corporations   |   |
| P.O. Box 6327 Tallahassee, FL 32314 |   | Clifton Building 2661 Executive Center Circle                    | •   |

Tallahassee, FL 32301

|  | Articles of Amendment                     |  |
|--|---|--|
| •  | to<br>Articles of Incorporation<br>of     | FILED  |
| NAUT   | TILUS6, INC.                              | <del>- 2011 :3111 14</del> PM 3≈ 05  |
| (Name of Corporation as curre  | ently filed with the Florida D            | ent. of State  |
|  | 000020103  nber of Corporation (if known) | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |
| Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:  | •   | in the second se |
| A. If amending name, enter the new name of   | f the corporation:                        |  |
| MEGA i   | PRECISION INC.                            | The new  |
| name must be distinguishable and contain a<br>abbreviation "Corp.," "Inc.," or Co.," or the<br>name must contain the word "chartered," "pro  | designation "Corp," "Inc," of             | or "Co". A professional corporation  |
| 3. Enter new principal office address, if app<br>Principal office address <u>MUST BE A STREE</u>   |   |  |
| C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or resistered agent agent and/or resistered agent | ce BOX)                                   | orida, enter the name of the   |
| new registered agent and/or the new regis  | gered office address:                     |  |
| Name of New Registered Agent:  |   | <del></del>  |
| New Registered Office Address:   | (Florida street addre                     | ess)   |
|  |   | , Florida  |
|  | (City)                                    | (Zip Code)   |
| ew Registered Agent's Signature, if changin<br>hereby accept the appointment as registered ag  |   | accept the obligations of the position.  |
|  | gnature of New Registered Age             | ent, if changing   |

*.*:::::

| I CHIMIPUCH MI                        | g the Officers and/or Directors, enter  | Marie and the state of the second second and the second se | ni ector being |
|---------------------------------------|---|--|----------------|
| (Attach add                           | nd tille, name, and address of each Off<br>itional sheets, if necessary)                                      | ocer and/or Director being added:  |                |
| <u>Title</u>                          | Name  | Address  | Type of Action |
| VP                                    | HANNA MEIDAR  | 12 <b>534</b> STONEWAY COURT<br>DAVIE, FL 33330  | _              |
|                                       |   | DAVIE, PL 33330  | - C Kelliove   |
| <del></del>                           |   |  |                |
|                                       |   |  | _              |
| <del></del>                           |   |  |                |
|                                       |   |  | _              |
|                                       | lditional sheets, if necessary). (Be spec   |  |                |
|                                       |   |  |                |
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|                                       |   |  |                |
|                                       |   |  |                |
| <u>provisio</u>                       | nendment provides for an exchange, re<br>ns for implementing the amendment in<br>an applicable, indicate N/A) |  |                |
| <u>provisio</u>                       | ns for implementing the amendment i   |  |                |
| <u>provisio</u>                       | ns for implementing the amendment i   |  |                |
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| <u>provisio</u>                       | ns for implementing the amendment i   |  |                |

| The date of each amendment(s) adoption: 07/11/2011 |   |  |  |
|--|---|--|--|
| Effective date if applicable:                      | 07/11/2011 (date of adoption is required)   |  |  |
|  | (no more than 90 days after amendment file date)  |  |  |
| Adoption of Amendment(s)                           | ( <u>CHECK ONE</u> )  |  |  |
| The amendment(s) was/we by the shareholders was/w  | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |  |  |
|  | re approved by the shareholders through voting groups. The following statement ad 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   | ,   |  |  |
| ·  | (voting group)  |  |  |
| action was not required.                           | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder  |  |  |
| Dated_JUL` Signature                               | Y 12, 2011  |  |  |
| (By<br>sele  | a director, president or other officer in directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) |  |  |
|  | GAVRIEL MEIDAR  |  |  |
|  | (Typed or printed name of person signing)   |  |  |
|  | PRESIDENT   |  |  |
|  | (Title of person signing)   |  |  |