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(R	Requestor's Name)	
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PICK-UP	WAIT	MAIL
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2011 MAR 31 PK P: 44 SECRETARY OF STATE ALL AHASSEF FI ODIN

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#### **COVER LETTER**

TO: Amendment Section Divisi n of Corporations NAME OF CORPORATION: SASIND CORP. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERTO GONZALEZ

Name of Contact Person SASIND CORP. 6909 NW 82 AUE
Address Mimi FC. 33166
City/ State and Zip Code RONZA EZ @ SAS - IND. Can E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERTO GONZALEZ at (305) 470-9040

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ■ \$35 Filing Fee ■ \$43.75 Filing Fee & ■\$43.75 Filing Fee &

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

#### **Street Address**

Certified Copy

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional copy is enclosed)

Certificate of Status

(Additional Copy is enclosed)

Certified Copy

# Articles of Amendment to Articles of Incorporation of SASIND CORP (Name of Corporation as currently filed with the Florida Dept. of State) (AHASRY OF STATE PARTICLES OF Amendment to Articles of Incorporation of 20//MAR3/ PM /: 44 PARTICLES OF ARTICLES OF STATE PM /: 44 PARTICLES OF AMENDMENT OF STATE PM /: 44 PM /: 44

(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:

SASIND	AVIATION	INC.	The
ame must be distinguishable obreviation "Corp.," "Inc.," o ame must contain the word "ch	r Co.," or the designatio	n "Corp," "Inc," o	mpany," or "incorporated" or r "Co". A professional corpord abbreviation "P.A."
Enter new principal office a Principal office address <u>MUST</u>		<u>SSS</u> )	N/A
Enton now mailing address			
Enter new mailing address (Mailing address MAY BE A			U/A
	POST OFFICE BOX)  agent and/or registered of		orida, enter the name of the
(Mailing address MAY BE A	POST OFFICE BOX)  Agent and/or registered of the new registered office		orida, enter the name of the
(Mailing address MAY BE A	POST OFFICE BOX)  Agent and/or registered office  Agent:		
(Mailing address MAY BE A  If amending the registered a new registered agent and/or  Name of New Registered	POST OFFICE BOX)  Agent and/or registered office  Agent:  Agent:	e address: N/A	

### 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>	Name	Address	Type of Action
	<i>N/A</i>		
			☐ Add ☐ Remove
			Add Remove
	iding or adding additional Artacled distribution of the desired distribution of the de		
provisi		change, reclassification, or cancellation and ment if not contained in the amen	
	N/A		

The date of each amendmen	t(s) adoption:	MARC	CH 25	19, 20	7//
The date of each amendmen  Effective date <u>if applicable</u> :		(date of adopt <b>YARCH</b>	ion is required) 28	2011	, 
	(no more than 90	0 days after ame	ndment file daté)	ı	
Adoption of Amendment(s)	( <u>CH</u> )	ECK ONE)			
The amendment(s) was/we by the shareholders was/w			he number of vot	es cast for th	e amendment(s)
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the amend	lment(s) was/we	re sufficient for a	approval	
by			.,,		
	(voting group)				
The amendment(s) was/we action was not required.  The amendment(s) was/we					
action was not required.	adopted by the	meorporators wi	thout shareholde	r action and s	marcholder
Dated	3/28/	2011	-		
Signature (By	a director, preside	ent or other office	er – if directors of hands of a receive	or officers ha	ve not been
	ointed fiduciary by			,	
	RO	BERTO.	GONZA /E	/ 72	
	(Тур	ed or printed na	me of person sign	ning)	
		PRESIL	ENT		
	(Title of	person signing)			<del>_</del>