## P12000034773

| (Requestor's Name)                      |
|---|
|   |
| - (Address)                             |
| (Address)                               |
| (Audiess)                               |
| (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

Amund

## COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR            | ATION: <u>C'ARIBBE</u>  | AN AIR SORVICE   | ES, INC   |
|---------------------------|---|--|---|
|                           | er: <u>P120000</u>  |  |   |
| The enclosed Articles of  | f Amendment and fee are sub   | omitted for filing.  |   |
| Please return all corresp | oondence concerning this mat  | ter to the following:  |   |
|                           | p.  | AN MURPHY  |   |
| <del>-</del>              |   | Name of Contact Person   |   |
| -                         |   | Firm/ Company  |   |
|                           | 51  | NE 42 St. Address  |   |
| -                         |   |  |   |
| -                         | m   | Ami, Fc. 33/37<br>City/ State and Zip Code                         | <u>7.</u>   |
|                           |   |  |   |
|                           | A-P23   | AP & GmAIL. ed for future annual report                            | COM   |
|                           | E-mail address: (to be us   | ed for future annual report  | nourication)  |
| For further information   | concerning this matter, pleas   | e call:  |   |
| Almy                      | Mulphy f Contact Person   | at ( 305   | 305-1290  |
| Name o                    | f Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for   | the following amount made   | payable to the Florida Depa  | irtment of State:   |
| □ \$35 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)     |
| Ame<br>Divi<br>P.O.       | ndment Section<br>sion of Corporations<br>Box 6327<br>shassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301 |



May 22, 2012

DANA MURPHY CARIBBEAN AIR SERVICES, INC. 51 NE 42 ST. MIAMI, FL. 33137

SUBJECT: CARIBBEAN AIR SERVICES, INC.

Ref. Number: P12000034773

We have received your document for CARIBBEAN AIR SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 412A00014907

## Articles of Amendment to Articles of Incorporation of

| CARIBBEAN AIR SERVI  |  | _   |
|--|--|---|
| (Name of Corporation as currently filed with the F   | lorida Dept. of State)                                       | -   |
| P 120000 34773   |  |   |
| (Document Number of Corporation (if  |  | -   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:   | Florida Profit Corporation adopts the followin               | g amendment(s) to                               |
| A. If amending name, enter the new name of the corporation:  |  |   |
| NAA  |  | The new   |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation " | Co". A professional corporation name must                    | bbreviation                                     |
| B. Enter new principal office address, if applicable:<br>(Principal office address MUST BE A STREET ADDRESS)   | 4/4  | _   |
|  |  | <u>.</u>  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  | DIVISION OF CORPORATIONS<br>12 MAY 29 AM 10: 49 |
| D. If amending the registered agent and/or registered office addr<br>new registered agent and/or the new registered office address   |  | RPORAH  |
| Name of New Registered Agent 4/#   |  | <b>6</b>  |
| (Florida str   | eel address)   |   |
| New Registered Office Address: (City)  | , Florida (Zip Code)   | -   |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v   | <u>:</u><br>with and accept the obligations of the position. |   |
| Signature of New Registered A  | Agent, if changing   |   |

| itach additional sheets, if necessary).                                 | ticles, enter change(s) here:  (Be specific)                |
|---|---|
| 4.104   |   |
| N/A   |   |
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| f an amendment provides for an exc                                      | change, reclassification, or cancellation of issued shares. |
| provisions for implementing the am<br>(if not applicable, indicate N/A) | nendment if not contained in the amendment itself:          |
| 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)

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> <u>J</u> | ohn Doe            |                                |
|-------------------------------|--------------------|--------------------|--------------------------------|
| X Remove                      | <u>v</u> <u>N</u>  | <u> Aike Jones</u> |                                |
| X Add                         | <u>sv</u> <u>s</u> | ally Smith         |                                |
| Type of Action<br>(Check One) | Title              | Name               | <u>Addres</u> s                |
| Change Add Remove             | 7                  | Alan Murghy        | 51 NE 42 St<br>MIAM), N. 33137 |
| 2) Change<br>Add<br>Remove    |                    |                    |                                |
| 3) Change Add Remove          |                    |                    |                                |
| 4) Change<br>Add<br>Remove    |                    |                    |                                |
| 5) Change Add Remove          |                    |                    |                                |
| 6) Change<br>Add<br>Remove    |                    |                    |                                |

| The date of each amendment(s) a                               | doption:  |
|---|---|
| Effective date if applicable:                                 | 2/21/2012   |
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                                      | (CHECK ONE)   |
| The amendment(s) was/were add by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.  |
| The amendment(s) was/were ap must be separately provided for  | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):   |
| "The number of votes case                                     | t for the amendment(s) was/were sufficient for approval   |
| by  | (voting group)  |
|   | (voting group)  |
| action was not required.                                      | dopted by the board of directors without shareholder action and shareholder   |
| action was not required.                                      | dopted by the incorporators without shareholder action and shareholder  |
| Dated   | 5/29/2012   |
| Signature   | Dan Musto.  |
| select  | director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|   | Typed or printed name of person signing)  |
|   | (Typed or printed name of person signing)   |
|   | President   |
|   | (Title of person signing)   |