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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AEROPARTS & R	ESOURCES CORPORAT	ION	
DOCUMENT NUMBE	D12000051075			
The enclosed Articles of	Amendment and fee are sul	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
F	EDERICO PAYAN			
_		Name of Contact Person		
A	EROPARTS & RESOURC	ES CORPORATION		
-		Firm/ Company	<del></del>	
6	995 NW 50 ST .			
_		Address		
N	MIAMI, FLORIDA . 33166			
_		City/ State and Zip Code	;	
preside	nt@apresourcescorp.com			
<u>·</u>	•	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
FEDERICO PAYAN		at (305	4966024	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)	
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

AEROPARTS &	RESOURCES	CORPOR.	ATION

(Name of Corporation	as currently filed with the Florida Dept	. of State)	
P12000051075			
(Document	t Number of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation ac	lopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corp.	oration:		
	_		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abi	"Inc," or "Co". A professional corpora		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECRI FALLA
(Framing dames) Francisco (Francisco)			The second second
			76-37 <b>01</b>
~ · · · · · · · · · · · · · · · · · · ·			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		<u>ne or tne</u>	8: 58 0000,
Name of New Registered Agent		·	w
	(Florida street address)		
New Registered Office Address:	(City)	_, Florida	ip Code)
	(City)	(2.	ip Coue)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligation	ns of the position	n.
to, accept the appointment ac regime on agent. The	and the second s	A Emm.	
Signati	ure 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)

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>	<u>John Doe</u>			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) X Change	PT	JOSE VICENTE IRURITA	6995 NW 50 ST		
Add			MIAMI, FLORIDA . 33166		
Remove					
2) X Change	VP	MARGARITA MEDRANO	6995 NW 50 ST		
Add			MIAMI, FLORIDA . 33166		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
Kemove					
6) Change		_			
Add					
Remove					

ach additional sheets, if necessary).	(Be specific)					
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an amendment provides for an exc	<u>hange, reclassifica</u>	tion, or cane	ellation of	ssued shares	4	
rovisions for implementing the amo	endment if not con	tained in the	amenamei	it itseii:		
tit not applicable indicate N/A)						
(if not applicable, indicate N/A)						
(if not applicable, indicate N/A)						
(if not applicable, indicate N/A)				<u> </u>	<u></u>	
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(if not applicable, indicate N/A)						
(if not applicable, indicate N/A)						
(if not applicable, indicate N/A)						

	08/25/16	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	2011	
U8/ Effective date <u>if applicable</u> :	25/16	
Elicente date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this da epartment of State's records.	te will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	9)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholde	ः
☐ The amendment(s) was/were accaptant action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	08/25/16	
Signature		
(By a	director, president or other officer – ff directors or officers have not been	_
	ed, by an incorporator — if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	ı
аррог	med ridderary by that ridderary)	
	FEDERICO PAYAN	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	<del></del>