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JUL 17 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: _AVIACOL USA, CORP. DOCUMENT NUMBER: P12000055259 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GERMAN PENA Name of Contact Person GERMAN PENA, P.A. Firm/ Company 9010 SW 137th AVE. SUITE 113 Address MIAMI, FLORIDA, 33186 City/ State and Zip Code germanpenapa@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \ (\frac{305}{Area\ Code} \underbrace{ \begin{array}{c} 385\ 0014 \\ \\ \end{array} }$ German Pena Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

· AVIACOL USA, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000055259

(Document Number of Corporation (if known)

ndment(s) to

Transformer name, enter the new manie of the	he corporation:	T.
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," of	Corp," "Inc," or "Co". A professional	
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)	
D. If amending the registered agent and/or reg new registered agent and/or the new registered		the name of the
new registered agent and/or the new registe		the name of the
new registered agent and/or the new registe	ered office address:	the name of the
new registered agent and/or the new registe	(Florida street address)	Florida
new registered agent and/or the new register Name of New Registered Agent	ered office address: (Florida street address)	

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: XChange	<u>PT</u>	John Doe						
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>			<u>Addres</u> s			
() Change	PT	ESTE	LA PARRA DU	IQUE	16300 SW 137 AVE.			
Add					MIAMI			
Remove					FLORIDA 33177			
2) Change	PT	LEYLA	A SOPO		16300 SW 137 AVE.			
Add				-	MIAMI			
Remove					FLORIDA	_		
3) Change								
Add								
Remove								
4) Change						- <u></u>		
Add								
Remove					-	_		
5) Change								
Add								
Remove						. <u> </u>		
6) Change	<u></u>							
Add								
Remove								

If amending or adding addition	<u>onal Arti</u>	cles <u>, enter cl</u>	iange(s) he	re:			
(Attach additional sheets, if nec	cessary).	(Be specific	:)				
							
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If an amendment provides for	r an exch	ange, reclass	ification, o	r cancella	tion of issu	ed shares,	
provisions for implementing (if not applicable, indicate	the amer	<u>idment if no</u>	t contained	in the am	<u>endment it</u>	self:	
••							
EYLA SOPO	99%) 					
NTANAS JURKSAITIS	01%						
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		 ,					

The date of each amendment(s) adoption: June 21, 2014 date this document was signed.	_, if other than the
Effective date if applicable: June 21, 2014 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_JUNE 21, 2014	
Signature Lus Alella San	
(By a director, president or other/officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
LEYLA SOPO	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_