## P120000 78220

(Re	questor's Name)	
(Ad	dress)	-
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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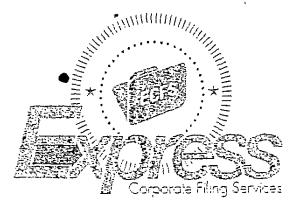
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SECRETARY OF STATE OLVISION OF CORPORATION

OCT. 0.5 2012 T. ROBERTS



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134 Phone: 305 444 4994

Smail-filing@ecfsfiling.com

|--|

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if leave):

1.	Air Legion J	INC. P12000078220
٠.	(Gamaretan Neme)	(\$ the mut oC;
2.	(Cerporador Name)	(Gogsment ≠)
3.	.: (Comporation Name)	(Copyment #)
<u></u>		(Copyment #)
	(ಲಿಚ್ಚಾರಣವರಿಗೆ ಗಿತಿಗಾಕ)	(bosiment #1
	Welk in Pick up the	ne Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
5	NEW FILINGS	AMENDMENTS
	Profit	Amenáment
	หอดลายกิจ	ಿ Resignation of R.A., Officer/ Director
_	Limited Liability	Change of Regimered Agent
	Domestication	Dissolution/Withdrawsi
:	Other	Menger
<del></del>		PEGISTRATION
5	OTHERFILIGS	QUALIFICATION
-	Amuel Report	Foreign
1-	Fictious Name Name Reservation	Limited Parmership
_	Iname neservación	Reinstatement
	<u> </u>	Tedemark

Other

Articles of Amendment to Articles of Incorporation of



## AIR LEGION INC

(Name of Corporation as currently	filed with the Flo	rida Dept. of State)		
<b>†</b>	P1200007	8220		
(Document Number o	of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>F1</i>	orida Profit Corporation a	idopts the following	amendment
A. If amending name, enter the new name of the o	corporation:			
	· · · · · · · · · · · · · · · · · · ·			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or the	p, " "Inc," or "Co	". A professional corpor	orated" or the abb ration name must co	previation ontain the
B. Enter new principal office address, if applicab	le:	1300 NW 84	AVE	
(Principal office address <u>MUST BE A STREET AD</u>		DORAL, FL 3	33126	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo		1300 NW 84	AVE	
(Matung daaress <u>MAY BE A POST OFFICE BOX</u> )		DORAL, FL 3	33126	
D. If amending the registered agent and/or registence new registered agent and/or the new registered		s in Florida, enter the na	me of the	
Name of New Registered Agent			-	
	(Florida street	address)	-	
New Registered Office Address:		, Florida	1	
1	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar wit	h and accept the obligation	ns of the position.	
			_	

Signature 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.

Example: X Change	PT	John Doe		
X Remove	$\overline{\Lambda}$	Mike Jones		
_X Add	SV	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) XX Change Add Remove	<u>P</u>	Philippe Pierrot Bedr c/o Atlas Group Com	panies BM 22 Victo	Court oria Street n, Bermuda
2) Change Add Remove		· · · · · · · · · · · · · · · · · · ·		
3) Change Add Remove			·	
4) Change Add Remove				
5) Change Add Remove				
(f) Change				
T				

(Attach additional sheets, if necessary). (Be specific)
Please add the Tax-Id number: 46-1113672
Please change the address for the Vice-President: 1300 NW 84 A
Doral, FL 331
-
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendm	ent(s) adoption: 10-03-2012
Effective date if applicabl	e;
	(no more than 90 days after amendment file date)
Adoption of Amendment(	s) (CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	
Signature	· College
-	(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)
	Alberto Osorio
	(Typed or printed name of person signing)
•	Vice-President
	(Title of person signing)