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Office Use Only



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Amend

AUG 22 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HELICOPTER PA	RTS AND SERVICE, INC	C.
DOCUMENT NUME	P13000009713	<u> </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PINA YADONISI		
		Name of Contact Perso	n
	CASYA BUSINESS SOLUT	TIONS CORP	
	,	Firm/ Company	
	15800 PINES BLVD SUITE	305	
		Address	· · · · · · · · · · · · · · · · · · ·
	PEMBROKE PINES, FL 330	027	
		City/ State and Zip Cod	le
CAS	ABUSINESS@YAHOO.CC	ЭМ	
	E-mail address; (to be us	sed for future annual report	notification)
For further information	econcerning this matter, pleas	se call:	
PINA YADONISI		at (3625194
Name (of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment 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 Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HELICOPTER PARTS AND SERVICE INC

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P13000009713	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	TAUG 15 P
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
	
	a street address)
New Registered Office Address:	City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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>	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
1) Change	VP	ROXANA ROVATI	931 NE 10TH STREET
X Add			HANGAR 18
Remove			POMPANO BEACH, FL 33060
2)Change		<u> </u>	
Add			
Remove			
3)Change		.	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	of nere.		
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		·		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati ndment if not cont	ion, or cancellatio ained in the amen	n of issued shares dment itself:	ע
		<u>. </u>		
				-
		 		
		 		
				_

	08/09/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	· '	
0 	8/09/2017	
Effective date <u>n applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
. ————	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
action was not required. 08/09/20 Dated Signature (By sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	CARLOS ROVATI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	