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(((H15000030981 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : 12000000082

Phone Fax Number

: (305)871-0889 : (305)870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN JET AIRCRAFT COMPETITION INC

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February 9, 2015

## I'LORIDA DEPARTMENT OF STATE

Division of Corporations

JET AIRCRAFT COMPETITION INC

102 SE 9 CT

HIALEAE, FL 33010

SUBJECT: JET AIRCRAFT COMPETITION INC

REF: P13000020131

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We need the date of adoption since you did not put the date of signing the document. We have to have a date on the last page of the amendment.

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

Carolyn Lewis Regulatory Specialist II

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FAX Aud. #: H15000030981 Letter Number: 615A00002595

SECRETARY OF STATE 04/07
DIVISION OF CORPORATIONS
15 FEB -9 AM 10: 43

Articles of Amendment to Articles of Incorporation

Artic	of
JET AIRCRAFT COMPETITION IN	•
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
P13000020131	_
(Document Number of Corp.	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora DLD QUALITY TESTING AND SER	
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre	prporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	8544 NW 64 ST
(Principal office address MUST BE A STREET ADDRES	DORAL, FL 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8544 NW 64 ST
(minutelly man case to the same same same same	DORAL, FL 33166
	·
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent JORGE E	ZAPATA
8544 NW	64 ST
	Florida street address)
New Registered Office Address: DORAL	, Florida 33166
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. Lam	ed Agent: familiar with and accept the obligations 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 Doc							
X Remove	¥	Mike Jones							
X Add	<u>sy</u>	Sally Smith							
Type of Action (Check One)	<u>Title</u>	<u>Nan e</u>	Address						
1) Change	VP	ALIRIO GARCIA	102 SE 9TH CT						
Add			HIALEAH, FL 33010						
Remove									
2) Change	Р	JORGE E ZAPATA	8544 NW 64 ST						
Add			DORAL, FL 33166						
Remove 3) Change	т	CESAR A CHAVARRIA	10820 SW 7 ST						
Add			STE 2						
Remove			MIAMI, FL 33174						
4) Change									
Add									
Remove									
5) Change									
Remove									
δ) Change									
Add									
Remove									

Attach a	ugg or nadu idditional she	ng additional ets, if necessar	Articies, ei 79). (Be s	nter change specific)	( <u>5) ner¢</u> :			
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FILL OF STATE OF STATE OF SURPORTIONS

The date of each amendment(s) adoption	. 01	128	14	15 FEB -9 AM 10. 4	, if other than the
date this document was signed.	1; <u></u>	1 44	<del></del>		, if other man inc
Effective date if applicable:					_
	(no more	than 90 days	after ameni	dment filc date)	
Adoption of Amendment(s)	(CHECK ONE	Ð			
The amendment(s) was/were adopted b by the shareholders was/were sufficien		rs. The numb	er of votes	cast for the amendment(s)	
The amendment(s) was/were approved must be separately provided for each v					
"The number of votes east for the	amendment(s) v	vas/were suffi	cient for ap	proval	
by			<u>.</u>	<u> </u>	
	(voting group)				
The amendment(s) was/were adopted b action was not required.	y the board of di	rectors withou	it sharehold	ler action and shareholder	
The amendment(s) was/were adopted b action was not required.	y the incorporate	ors without shi	areholder ac	ction and shareholder	
Dated	temply	,			
selected, by a		if in the hand:		r officers have not been /er, trustee, or other court	_
JOR	GE E ZAPAT	TΑ			
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PRE	SIDENT				
<del></del> -		(Title of p	erson signir	ng)	_