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SECRETARY OF STATE
AND ANIASSEE, FLORE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HAITI AIRL	INE, INC	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUMBER: P13000044721					
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matt	ter to the following:				
Stenio Camille					
	Name of Contact Persor	1			
Haiti Royal Air, Inc	C				
	Firm/ Company				
5460 N State Rd	7 Ste 114				
	Address				
North lauderdale,	FL 33319				
	City/ State and Zip Code	•			
steniocamille@gmail.	com				
E-mail address: (to be use	ed for future annual report	notification)			
For further information concerning this matter, please	e call:				
Stenio Camille	at (954	882-2089			
Name of Contact Person	Area Code & Daytime Telephone Numl				
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:			
\$35 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)			
Mailing Address Amendment Section	· · · · · · · · · · · · · · · · · · ·	Address			
Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314		xecutive Center Circle			

Articles of Amendment

to

Articles of Incorporation

FILED

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HAITI AIRLINE, INC		SECRETARY OF STATE	
(Name of Corporation as curren	tly filed with the Florida Dept. of \$	AHASSEE, PLURIDA	
P13000044721			
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flats Articles of Incorporation:	orida Statutes, this Florida Profit Co	prporation adopts the following a	mendment(s)
A. If amending name, enter the new name of t	he corporation:		
Haiti Royal Air, Inc		T	he new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," of	Corp," "Inc," or "Co". A profession	or "incorporated" or the abbi	reviation
B. Enter new principal office address, if applied Principal office address MUST BE A STREET		···	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>		
 If amending the registered agent and/or registered agent and/or the new registered. 		nter the name of the	
Name of New Registered Agent			
 	(Florida street address)		
New Registered Office Address:	(Florida street address)	. Florida	

I hereby accept the appointment as registered agent. I am 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 <math>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	<u>PT</u>	John Do	<u>)e</u>		
X Remove	¥	Mike Jones			
_X Add	<u>sv</u>		Sally Smith		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change	CFO	- <u>-</u>	Rose Camille	5460 N. State Rd 7	
Add				Suite 114	
Remove				Ft. Lauderdale, Fl 33319	
2) Change	VP	_	Simone Mathis	5460 N. State Rd 7	
Add				Suite 114	
Remove				Ft. Lauderdale, Fl 33319	
3) Change	D		Willem Camille	5460 N. State Rd 7	
Add				Suite 114	
Remove				Ft. Lauderdale, Fl 33319	
4) Change	s		Liana Tedjadinata	5460 N. State Rd 7	
Add		•		Suite 114	
Remove				Ft. Lauderdale, Fl 33319	
5) Change					
Add					
Remove				-	
6) Change		_		- Malerian - Andrews - And	
Add					
Remove					

7.3.	les, enter change(s) here: (Be specific)		
•			1.1
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	.		
f an amendment provides for an exchoprovisions for implementing the amer (if not applicable, indicate N/A)	nge, reclassification, or c dment if not contained in	ancellation of issued share the amendment itself:	<u>s.</u>
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
	(no more than 50 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	***	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 11/30/20	13	
Signature S	anio Camille	_
	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Stenio Camille	
-	(Typed or printed name of person signing)	_
	President	
•	(Title of person signing)	