213000098214

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
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COVER LETTER

TO: Amendment Section Division of Corporations

G- Fo	orce Aircraft Mainte	nance Inc	
P130000)98216		
The enclosed Articles of Amendment at	nd fee are submitted for fi	ling.	
Please return all correspondence concer		_	
Giovanni Bru	ollı		
G-Force Airc	Name of C raft Maintenance In	Contact Person	1
PO Box 6682		Company	
Miami FL 33		ddress	
	City/ State	and Zip Code	
9brullo@3 E-mail address For further information concerning this	gforceam Co ess: (to be used for future matter, please call:	annual report	notification)
Raul Saenz	a	305	796-9600
Name of Contact Person		Area Co)de & Daytime Telephone Number
Enclosed is a check for the following ar	nount made payable to the	: Florida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 File Certificate	e of Status Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

G-Force Aircraft Maintenance, Inc.		
(Name of Corporation as currently filed wit P13000098216	th the Florida Dept. of State)	-
(Document Number of Corpor	ration (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statuto its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporat	lion:	
name must be distinguishable and contain the word "corp", "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	c," or "Co". A professional corporation name must o	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		DIVISION DE PARTO
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent		121 PN 1:22
(EL		
New Registered Office Address:	orida street address), Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		
Signature of New Regis	stered Agent, if changing	

If amending the Officer's 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Michael Brullo	5321 NE 24th Terr
Add			Apt 109
Remove			Ft. Lauderdale FL 33308
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
LECTIONS			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment	April 8th 2015	, if other than the
date this document was signed		, ii odici cidii (iic
Effective date <u>if applicable</u> :	April 8th 2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
The amendment(s) was/wer	re approved by the shareholders through voting groups. The following statement and 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)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
04/0 Dated	8/2015	
Signatura	Steeless and the state of the s	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Giovanni Brullo	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)