P14000017532

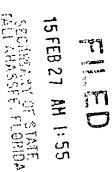
| (Re | questor's Name) | | |
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| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ry/State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL. | |
| (Bu | siness Entity Nan | ne) | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

15 FEB 27 AM 1:55

| NAME OF CORPOR | | N CORF | > |
|--------------------------|--|-----------------|-------------|
| DOCUMENT NUME | BER: P14000017532 | | |
| The enclosed Articles | of Amendment and fee are submitted for filin | g. | |
| Please return all corres | spondence concerning this matter to the follow | ving: | |
| | JOCELYN ALMONTE | | |
| | Name of Cor | ntact Person | |
| | BRANCOR AVIATION CO | RP | |
| | Firm/ Co | ompany | |
| | 18501 PINES BLVD SUITE | E 349 | |
| | Add | ress | |
| | PEMBROKE PINES, FL 33 | 3029 | |
| | City/ State ar | nd Zip Code | |
| jaln | monte@brancoraviation.com | n | |
| | E-mail address: (to be used for future an | nual report not | tification) |
| For further information | n concerning this matter, please call: | | |
| Jocelyn Almo | nnte · · | 754 | 2440141 |

| 000019717117110 | 7710 | at (, , , , |) |
|-------------------------|---|--|---|
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | 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) |

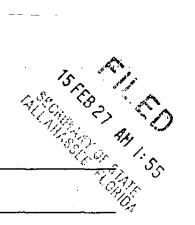
Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



BRANCOR AVIATION CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000017532

(Document Number of Corporation (if known)

ment(s) to

| . If amending name, enter the new name of | f the corporation: | |
|---|---|---|
| | | |
| ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation pord "chartered," "professional association," | "Corp," "Inc," or " | n," "company," or "incorporated" or the a Co". A professional corporation name must o P.A." |
| s. Enter new principal office address, if app | licable: | 14272 SW 140TH STREET |
| Principal office address MUST BE A STREET AL | | UNIT 111 |
| | | MIAMI FL33186 |
| . Enter new mailing address, if applicable | | |
| - (Mailing address MAV DE A DOCT OFFI | | |
| (Mailing address <u>MAY BE A POST OFFI</u> | <u>CE BOX</u>) | |
| (muung uutress <u>mAI BE A 1031 OFFI</u> | <u>CE BOX</u>) | |
| (muung uutress <u>mAI BE A 1051 OFFI</u> | <u>CE BOX</u>) | |
| . If amending the registered agent and/or r | egistered office addr | |
| . <u>If amending the registered agent and/or r</u> | egistered office addr | |
| . If amending the registered agent and/or r new registered agent and/or the new regis | egistered office addr | |
| . If amending the registered agent and/or r new registered agent and/or the new regis | egistered office addr | |
| . If amending the registered agent and/or r new registered agent and/or the new regis | egistered office addr stered office address (Florida stre | eet address) , Florida |
| If amending the registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent | egistered office addr stered office address | eet address) |
| If amending the registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent | registered office address: (Florida stre | eet address), Florida(Zip Code) |

| • | • | | ŕ. | |
|---|--|--|---|---|
| • | Address of each Officer (Attach additional sheets, Please note the officer/dii P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove | if necess rector titi Presiden - Chief i r, Directi tin the fo | eary) It by the first letter of the office title: It; T= Treasurer; S= Secretary; D= Director; TR= Tr Financial Officer. If an officer/director holds more the Or would be PTD. Ilowing manner. Currently John Doe is listed as the F Orporation, Sally Smith is named the V and S. These s | ustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is |
| | Example: X Change | PT | John Doe | · 1 |
| | 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> | Address |
| | I) Change | М | JOCELYN ALMONTE | 16472 SW 12 ST |
| | Add | | | PEMBROKE PINES |
| | Remove | | | FLORIDA 33027 |
| | 2) Change | | | |
| | Remove 3) Change Add | , | | |
| | Remove 4) Change Add Remove | | | |
| | 5) Change Add Remove | | | · |
| | | | | |

Change

Add

Remove

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|-------------|
| (Auach additional sheets, ty necessary). (Be specific) | • |
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| 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) | |
| DIANA MARCELA DIAZ CORDOBA WILL CHANGE TO A 100% OF THE SHA | ARES |
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| The date of each amendmen date this document was signed | t(s) adoption: 02/20/2015 | , if other than th |
|---|---|--------------------|
| Effective date if applicable: | | |
| Fliective date il applicable: | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. | ·, |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): | |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| Dated_ <mark>02/2</mark> Signature_ | Hakela Mich Cordo Pa | |
| Se | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary) | |
| | DIANA MARCELA DIAZ CORDOBA | · |
| | (Typed or printed name of person signing) | _ _ |
| | PRESIDENT | |
| | (Title of person signing) | |