## P14000019842

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SECRETARY OF STATE
TALL AHASSEE FI ORIO

MAR 1 9 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CJET AVIA BER: P1400001984		IC.	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	DAVILSON ROD	RIGUES		
	400 4000 INITI	Name of Contact Person		
	ADR ACCOUNTI		CURP	
	4000 N 55550	Firm/ Company	005	
	4699 N FEDERA		<u> </u>	
		Address		
	POMPANO BEAG	<u> </u>		
		City/ State and Zip Code		
AC	COUNTINGSERV	/ICES@DAVILS	ON.COM	
		sed for future annual report		
For further information	on concerning this matter, pleas	se call:		
DAVILSON	RODRIGUES	at (954	, 338-4000	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
Ma	illing Address	Street Address		
Amendment Section		Amendment Section		
	vision of Corporations  D. Box 6327	Division of Corporations		
	J. BOX 0527	Clifton Building		

Tallahassee, FL 32301

## Articles of Amendment **Articles of Incorporation**

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## CJET AVIATION PARTS INC.

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the foits Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."  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 MAY BE A POST OFFICE BOX)	The new the abbreviation
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida, Florida,	
(City) (Zip Co	

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VPD	_	Cristian M. Valenzuela	5460 Fox Hollow DR
<b>✓</b> Add				Boca Raton, FL 33486
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del>-</del> _		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		<del></del>	1 2000 1 120	
Add				
Remove				

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

The date of each amendment(s) adoption: 03/13/2014		
date this document was signed.	_	
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Dated March 13, 2014		
(By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
CRISTIAN GIMENES		
(Typed or printed name of person signing)	<del>_</del>	
PRESIDENT	<del></del>	
(Title of person signing)		

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