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Division of Corporations Electronic Filing Cover Sheet

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(((H160003064493)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Email Address:_

Account Name : JP GLOBAL BUSINESS

Account Number : 120130000083

1 (305)436-0093

Phone Fax Number

: (305)436-0094

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ALBATROS AVIATION INTERNATIONAL, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

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TO:18506176380 FROM:7862171243

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1416000306449 3)

COVER LETTER

TO: Amendment Sect Division of Corpo						
NAME OF CORPORATION: ALBATROS AVIATION INTERNATIONAL, CORP.						
DOCUMENT NUMBER: P14000037929						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	SONIA BOTERO					
		Name of Contact Person	1			
	JP GLOBAL BUSINESS SC	LUTIONS INC				
		Firm/ Company				
	1395 BRICKELL AVE STE	1380				
		Address				
	MIAMI, FLORIDA 33131					
		City/ State and Zip Code	•			
MAS	TER@JPGBUSINESS.COM					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
SONIA BOTERO		at (305	3593700			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
	iling Address		Street Address			
	endment Section	Amendment Section				
	ision of Corporations . Box 6327	Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

14/2016	12:50 PST	TO:18506176380	FROM: 786	SECRETARY OF DIVISION OF COM	FISTAIN PORATION
		Articles of A to Articles of Inc of	corporation	2016 DEC 14	1) 6000306 449 11 8: 36
ALBATRO	S AVIATION INTERN	NATIONAL, CORP.			
	(N	ame of Corporation as current	v filed with th	e Florida Dept. of S	State)
P140000379	929				
its Articles o	of incorporation:	(Document Number on 607.1006, Florida Statutes, this new name of the corporation:	-	`	the following amendn
A. If amend	of Incorporation: ding name, enter the n be distinguishable an	n 607.1006, Florida Statutes, this	Florida Profli	Corporation adopts	The ne
name must "Corp.," "I	of Incorporation: ding name, enter the n be distinguishable and lnc.," or Co.," or the	n 607.1006, Florida Statutes, this wew name of the corporation: d contain the word "corporation"	Florida Profli n," "company "Co". A profe	Corporation adopts	The ne
name must "Corp.," "I word "chart	of incorporation: ding name, enter the n be distinguishable and inc.," or Co.," or the detered," "professional active principal office added	n 607.1006, Florida Statutes, this new name of the corporation: d contain the word "corporation designation "Corp," "Inc," or " ssociation," or the abbreviation "	Florida Profli n," "company "Co". A profe	Corporation adopts	The ne
name must "Corp.," "I word "chart	of incorporation: ding name, enter the n be distinguishable and inc.," or Co.," or the detered," "professional active principal office added	n 607.1006, Florida Statutes, this wew name of the corporation: d contain the word "corporation designation "Corp," "Inc," or " ssociation," or the abbreviation " dress, if applicable:	Florida Profli n," "company "Co". A profe	Corporation adopts	The ne

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Signature of New Registered Agent, if changing

(Florida street address)

(City)

(416000306449 3)

(Zip Code)

Florida_

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12:50 PST

TO:18506176380 FROM:7862171243

(H16 000306449

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)

12/14/2016

Example:

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.

<u>A</u> Change	ET	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	MARVIN A LINARES	8113 NW 33 RD STREET
, Add	<u> </u>		DORAL, FL 33122
Remove	•		
2) X Change	MGR	ANIBAL I DAVILA HERNANDEZ	8113 NW 33 RD STREET
Add		•	DORAL, FL 33122
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
-		······································	
Add			
Remove			~ · · · · · · · · · · · · · · · · · · ·

Page: TO:18506176380 FROM:7862171243 12/14/2016 12:50 PST (H16000306449 3) E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. 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)

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	SECRETARY OF STATE JIVISION OF CORRESPONDED.	(H160003064493
The date of each amendment(s) adoptio date this document was signed.	u: NABRIN TH CHBRODIA.	, if other than the
date this document was signed.	2016 DEC 14 AM 8: 36	
Effective date if applicable:		
	(no more than 90 days after amendment file date,	,
Note: If the date inserted in this block of document's effective date on the Department	does not meet the applicable statutory filing requirement ent of State's records.	is, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted to by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the ament for approval.	endment(s)
	by the shareholders through voting groups. The followin voting group entitled to vote separately on the amendment	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	91	
	(voting group)	
☐ The amendment(s) was/were adopted be action was not required.	by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted to action was not required.	by the incorporators without shareholder action and share	holder
12/12/2016		
Dated		
Signature	ANIGAL LANGE	
(By a director	r, president or other officer - if directors or officers have	not been
selected, by a	an incorporator - if in the hands of a receiver, trustee, or	
appointed fid	duciary by that fiduciary)	
ANII	BAL DAVILA HERNANDEZ	
	(Typed or printed name of person signing)	
DP		
	(Title of person signing)	

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12/14/2016

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