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JUL 2 3 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OTURA AIRA, TWO.
DOCUMENT NUMBER: P14000072162
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michel H. ARIAS
Michel H. HRIAS Name of Contact Person THAA HIAA, INC.
436 SW 8th Avenue
Miam, Fl. 33/30
Michelanias 204 @ Yahoo- Com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michel H. Arins 11 786, 626-1702
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) S35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

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

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

Articles of Amendment

to
Articles of Incorporation

Actuals of incorporation
Ofusa AIRA INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P14000072162
(Document Number of Corporation (if known)
· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." A A A A A A A A A
B. Enter new principal office address, if applicable: /\frac{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name C. / 0	Address
1)/Change	VP	GONZALEZ, ROLANDO	1200 Brickell Bry
Add Remove		GONZALEZ, ROLANDO	MrAIN/ Fl. 33/3/
2) Change Add			
Remove 3) Change			
Add			
4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

amending or adding additional and attach additional sheets, if necessar	y). (Be specific)	AIN	
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			- ,
			
			
· · · · · · · · · · · · · · · · · · ·	<u>.</u>	·	
an amendment provides for an erovisions for implementing the a (if not applicable, indicate N/.4)	<u>imendment if not conta</u>	n. or cancellation of issuined in the amendment i	tself:
-			
		-	

\cdot , \cdot , \cdot	
The date of each amendment(s) adoption: July 18, 2015 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
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 east 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.	
action was not required. Dated Signature Signature	
Signature	
(By 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) ARIAS, Michel H.	
(Typed or printed name of person signing)	
Pres.	
(Title of person signing)	