## P15000048706

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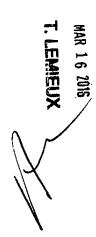
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SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** SHEPHERD MRO, INC. 150000 48700 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MEGAN E. KIKER

Name of Contact Person SHEPHERD MRO, INC.
Firm/Company
644 Sww Down Circul
Address ST AUBUSTINE, FL 32080
City/ State and Zip Code Megan @ Shepherdmro. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MEGAN E. KIKEL at ( 904 ) 955 - 7085 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□**\$43.75 Filing Fee & **☑**\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation

14.4 ---

SHEPITERD /MRO,	INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 150000 487 00	5
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NO NAME CHANGE	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	644 SUN DOWN CIR
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ST. AUBUSTINE, FZ
	32080
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1093 AIA BEACH BLVD
•	
	STAVBUSTINE, FL 32080
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	1.
Name of New Registered Agent MEBAN S	E. KIKER
644 SUN DOW,	
(Florida stree	et address)
New Registered Office Address: 97 AV6UST1	NE .Florida 32286 TV
	City)
	SEC C
Now Desistand Agent's Signature if shapping Desistand Agent.	TES D
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position
ı	
Mean E. K	
\\Signature of New Re	gistered 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	GREBOLY S. KIKER	644 SUN DOWN CA
Add Remove		·	5T AUBUSTINE, FL 32080
2) Change Add	P	MEGAN E. KIFER	644 SUN DOWN C.R ST. ANGUSTING, FZ
Remove			32080
3 ) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

amending or adding additi	onal Articles, enter chang essary). (Be specific)	<u>e(s) here</u> :	
-			
NONE			
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an amendment provides for rovisions for implementing (if not applicable, indicated by the second sec	the amendment if not cor	ation, or cancellation of atained in the amendme	issued shares, nt itself:
		N=102 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
· · · · · · · · · · · · · · · · · · ·			
		<del></del>	

The date of each amendment(s) adoption: $\mathcal{N}(\beta)$	, if other than the
date this document was signed.	
Effective date if applicable: 2/23/246	
Effective date if applicable: LLS 1/2 (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.	l 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 cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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 2/23/2016 Signature Mess E. M.	
Signature Men S. M.	
(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)	
MEGAN E. KIKER	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	
(Title of person signing)	_