## P15000054217

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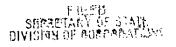
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AEROSPACE INN	OVATIONS INC.	
DOCUMENT NUMBI	P15000054217		
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
F	Robert Vergara		
_		Name of Contact I	Person
_		Firm/ Compar	<u></u>
8	367 NW 113th Pl	·	
<u> </u>	Medley, Fl 33178	Address	_
<del>-</del>		City/ State and Zip	Code
r_verg	nra@gmx.com		
	E-mail address: (to be us	sed for future annual r	eport notification)
For further information	concerning this matter, pleas	e call:	•
Robert Vergara		at ( 305	5288582
Name of	Contact Person	Are	ea Code & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida	Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fer Certified Copy -(Additional copy enclosed)	Certificate of Status
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	. A D C 2	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 AUG 31 AM 9: 07

(Name of Corporati	on as currently	filed with the Florida	Dept. of State)
P15000054217			
(Docur	nent Number of (	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this F	orida Profit Corporati	on adopts the following amendm
. If amending name, enter the new name of the co	rporation:		
			The nev
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	" "Inc," or "C	o". A professional co	
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADI</u>			
		<del> </del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X)		
	<b>₽</b>		
		-	<del></del>
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>		ss in Florida, enter the	name of the
Name of New Registered Agent			<del></del>
	(Florida stree	1 address)	
New Registered Office Address:			. Florida
	(0	Sity)	(Zip Code)
New Registered Agent's Signature, if changing Reg			
hereby accept the appointment as registered agent.		th and accept the oblig	ations of the position.
	-	-	
		vistered Agent, if change	

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.

X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	MGR	Raynier Charafardin	8367 NW 113TH PL
Add			MEDLEY, FL 33178
X Remove			
2) Change			
Add			
Remove			***
3) Change			
Add			
Remove			
4) Change			<del>-</del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			4
Remove			

If amending or adding addition (Attach additional sheets, if necessary)	ssary). (Be specific)	<u>1112 eq 5 / 11 C C .</u>		
				·
		·		
	****		· <del>····································</del>	
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		·		
		···		
		·····		
····				
If an amendment provides for provisions for implementing t	he amendment if not	fication, or cancellatic	on of issued shares, adment itself:	
(if not applicable, indicate	N/A)			
		· · · · · · · · · · · · · · · · · · ·		
	<del></del>	<del></del>		·
		· · ·	· · · · · · · · · · · · · · · · · · ·	
		<del></del>		······································

The date of each amendment(s) adoption:	Staifeother than the
date this document was signed.	DIVISION OF CORPROSTED
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	15 AUG 31 AM 9: 07
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amen by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 sh action was not required.	areholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.	older
August 1, 2015	
DatedSignature	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or other	ot been
appointed fiduciary by that fiduciary)	ner court
Robert Vergara	
(Typed or printed name of person signing)	
MGR	
(Title of person signing)	<del></del>