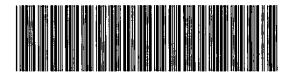
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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AEROGAVIOTA,	INC			
DOCUMENT NUMB	ER: P15000076921				
	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
1	MARK DUBE				
-		Name of Contact Person			
	AEROGAVIOTA, INC				
_		Firm/ Company			
1	PO BOX 668080				
		Address			
	MIAMI, FL 33166				
-		City/ State and Zip Code			
MDUI	BE@AEROGAVIOTA.US				
	· ·	sed for future annual report	notification)		
	D man address. (to ov ac	ou for future united report			
For further information	concerning this matter, pleas	se call:			
MARK DUBE		at (305	876-9116		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

AEROGAVIOTA, INC	
(Name of Corporation as currently filed with	the Florida Dept. of State)
P15000076921	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	fit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "comportion," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A proposed "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) D. If amending the registered agent and/or registered office address in Flor	FILED FILED SEED STATE OF STAT
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Ftorida street address)	
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. Signature of New Registered.	

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 Do	<u>0e</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	PVST	D	MARK A. DUBE	PO BOX 668080
Add	_	_		MIAMI, FL 33166
Remove				
2) Change	D		ONEYVI DOMINGUEZ ASNIELLA	PO BOX 668080
X Add				MIAMI, FL 33166
Remove	7		DEDY A CONTAINT OF HUEBTA	DO DOV ((0000
3) Change	D	_	PERLA GONZALEZ HUERTA	PO BOX 668080
X Add				MIAMI, FL 33166
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		,
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
N/A	
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	<u>:</u>
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s)	adoption:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than	n 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l		plicable statutory filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendm	ent(s)
		through voting groups. The following state to vote separately on the amendment(s):	lemen!
"The number of votes ca	ist for the amendment(s) was/v	were sufficient for approval	
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
☐ The amendment(s) was/were a action was not required.	adopted by the board of direct	ors without shareholder action and shareh	nolder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators w	without shareholder action and shareholde	टा
Dated	6/17/2016		
Signature	11/1/1		
(By a selec	a director, president or other octed, by an incorporator – if in binted fiduciary by that fiducia	officer – if directors or officers have not be the hands of a receiver, trustee, or other ary)	peen court
	MARK A. DUBE		
	(Typed or print	ed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT		
	(Tit	tle of person signing)	