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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ation: <u>Aeron</u>	ude Corpor	ation
DOCUMENT NUMBI	ation: <u>Aexon</u> er: <u>P166060</u>	37407	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Edgar Acron	Name of Contact Person  Tyle Corporation  Firm/ Company	contrain
-	3310 Sw 747	HAVE Suite Address	101
-		City/ State and Zip Cod	
	edgar, Mu E-mail address: (to be us	noz Razrono sed for future annual report	ide.com
For further information  Tagar A	concerning this matter, pleas		de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
·	ng Address		Address Iment 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 Incorpo	ration
Alexander Coxo	( 200
Aeronyde Corporation as currently file	d with the Florida Dept. of State)
P16000037407	on the second se
(Document Number of Cor	ooration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	da Profit 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," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11/4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:  Name of New Registered Agent	n Florida, enter the name of the
New Registered Office Address:  New Registered Office Address:	
(City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with a	
Signature of New Regist	ered 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	PT	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	<u>nes</u>			
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		Name			Address
1) Change	Coc	2	Chury,	Danny O	Lar	3310 SW 74th Ave Swite 101 Oxala, FL 3447
Add						Ave Suite 101
X_ Remove						Ocala, FL 3447
2) Change		_				
Add						
Remove						
3)Change		_	-		<del></del>	
Add						
Remove						
4) Change		_			<del></del>	
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		<b>.</b>				
Add						·
Remove						

If ame	nding or adding additional A	rticles, enter chan	ge(s) here:			
(Attach	additional sheets, if necessary	). (Be specific)				
	.0/21		<u></u>			
		<del></del>	<del></del>		·	
	<del></del>	<del></del> -				
				•		
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<u>lf an a</u>	mendment provides for an exisions for implementing the an	change, reclassific	ration, or cancell	lation of issued sha	ares,	
( !	if not applicable, indicate N/A}	icidikiti ii iivi ce	meanieu in the a	menament usen.		
	NA			····		<del></del>
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				<del></del>	. <u>.</u>	
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The date of each amendment(s) adoption: where old 2017 if other than the date this document was signed.
Effective date if applicable: \( \sum_{\cup \cup \cup \cup \cup \cup \cup \cup
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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
☐ 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.
Signature  (By a director president or other officer – if directors or other save not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Eclar 1. Muno 7 (Fyped or printed name of person signing)
CEO
(Title of person signing)