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ALLANDAL PROBLEM

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GLOBAL AERONAUTICS CORP						
DOCUMENT NUME	BER: P17000013626	, <u></u>	······································			
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	spondence concerning this mat	ter to the following:				
	DIAZ GRETA M					
		Name of Contact Person				
	GLOBAL AERONAUTICS CORP					
		Firm/ Company				
	6955 NW 186 ST SUITE F-40	9				
		Address				
	MIAMI, FL 33015					
		City/ State and Zip Code	3			
CESA	AR@ATEACCOUNTING.CO	М				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information concerning this matter, please call:						
CESAR A TELLEZ	of Contact Person	at (786	de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:			
S35 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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, 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

GLOBAL AERONAUTUCS CORP

(Name of Corporation as currently by 17000013626	filed with the Florida Dept. of State)		
(Document Number of C	Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
			iew
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.	o". A professional corporation name		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			-
			_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
(Maining maress MAT) BENTOBLOTTICE BOX		1111	_ ; ;π;
		Gu ==	- -
			_
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	21 ĐA	
Name of New Registered Agent		<u> </u>	
(Florida stree	t address)		
New Registered Office Address:	, Florida_		_
(6	City)	(Zip Code)	
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 po.	sition,	
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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	V	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>S</u>	_	CESAR A TELLEZ	2656 NW 97 AVE
X Add				DORAL. FL 33172
Remove				
2) Change		a.Pi.		
Add				
Remove				
3) Change		_		
Add				·
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	18314	<u> </u>
Add				
Remove				···
6) Change				
Add		_		1991
Add Remove				
Kemove				

Attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	-	
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f an amendment provides for an exch	hanga realessification a	r compollation of issued	house
marialana fanimalia di	endment if not contained	in the amendment itself	<u>nares.</u>
provisions for implementing the ame			
(if not applicable, indicate N/A)			
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erovisions for implementing the ame (if not applicable, indicate N/A)			

The date of each amendmen date this document was signed		, if other than the
Effective date <u>if applicable</u> :	07/24/2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat the Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(swere sufficient for approval.)
	ere approved by the shareholders through voting groups. The following statemed led for each voting group entitled to vote separately on the amendment(s):	nt
	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
07/24 Dated	4/2017	
Signature	The and	
(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 courappointed fiduciary by that fiduciary)	1
	GRETA M DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	