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SECRETARY OF STATE

HAY 1 7 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: S & S AVIATION	SERVICES AND LOGIS	TICS, INC
DOCUMENT NUMB	D17000034560		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
		JOSE F. ZELEYA	
-		Name of Contact Perso	n
_		Jose F- Bel	wy/
		Firm/Company	y
_	,	1433 SW 19 TERRAC	<u>E</u>
		Address	
_		MIAMI, FL 33145	
		City/ State and Zip Cod	e
For further information	concerning this matter, please	sed for future annual report	notification)
JOSE F. ZELEYA		at (240	786-2697
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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio	Address Iment Section on of Corporations
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

S & S AVIATION SERVICES AND LOGISTICS, INC

(Name of Corporation as curre	ntly filed with the Florida Dept. o	of State)
	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adop	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		A think of
		76E 7
		THE THE STATE OF T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ASS.
(Mulling dualess MAT BE A TOST OFFICE BOX)		S B M
	Market	<u> </u>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addr		of the
N/A		
Name of New Registered Agent		
(Florida	street address)	
	· ·	lorida
New Registered Office Address:		(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations o	of the position.
Signature of Nev	v Registered 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)	Title	Name	<u>Addres</u> s
1) Change	VP	SANDY Z LINARES	1433 SW 19 TERRACE
Add			MIAMI, FL 33145
X Remove			
2) Change	 -		
Add			
Remove			
3) Change			
Add			
Remove			PRODUCTION OF THE PRODUCTION O
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling or adding addition additional sheets, if neces	sary) (Be specific)		
√A					
					
<u> </u>					
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				- Ann. 15	
					-,
			,		
			70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
If an am	endment provides for a	n exchange, reclassi	fication, or cancel	lation of issued sha	<u>res,</u>
if r	not applicable, indicate I	<u>e amendment ir not</u> √A)	contained in the a	menument itseir:	
/A					
			W		
	V V - 45.4	******			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Effective date ir applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	, and	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	新 第 ま 下
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	I F
05/15/20 Dated		
Signature	Jose F. Zely	3
(By a select	director, president or other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	JOSE F. ZELEYA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	