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JUN 22 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	HRO AVIATION CO	4
DOCUMENT NUME	BER:	110000 41650	
The enclosed Articles	of Amendment and fee are st	abmitted for filing.	····
Please return all corres	pondence concerning this ma	utter to the following:	
	R	GET D COL	
	Ro	Name of Contact Person	PA PA.
	150	Firm/ Company	Will Ste 104
	Cold	Address FL	13061
	Loti	City/ State and Zip Cock W. D. JOCCHA. (1)	<i>s</i> /
	b-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
leté.	AT D. COH	at (454	
	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$3.5 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Addrus	2	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

10

AMRO	AVIATION COLF	
(Name of Corporation as curre	entiv filed with the Florida 	Dept. of State)
- V I	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporat	ion adopts the following amendment(s
A. If amending name, enter the new name of the corporation:		71
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co" or the designation "Corp." "Inc," oword "chartered," "professional association," or the abbreviation	r "Co". A professional co	corporated" or the abbreviation or poration name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>M/A</u>	
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 a new registered agent and/or the new registered office address.	ddress in Florida, enter th	e name of the
Name of New Registered Agent NA		
(Floride	ı street address)	
New Registered Office Address: N/4	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the oblig	ations of the position.

Signature of New 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	I KENDÍTH HORLÍNESSEL	2133 LANTANA ROXD *27
Add Remove		LAKE WELTH FL 39462
2) Change Add	AURALIDHADAN MAIR	REVAINI KAIDAS
Remove 3) Change		<u>EAST GATE VALKOPA</u> KÉBALA, INDIA PUN GB619
Add		
4) Change Add		
Remove		
5) Change		
Add Remove		
6) Change		
Add		
Remove		

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provisions for implementing the ame	ange, reclassification	n, or cancellatio ined in the amen	n of issued shares dment itself:	1
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	iange, reclassificatio ndment if not conta	n, or cancellatio	n of issued shares dment itself:	1
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provisions for implementing the ame	nange, reclassification number if not contain	n, or cancellatio ined in the amen	n of issued shares dment itself:	
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date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after umendment file date)	
Note: If the date inserted in this hadocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	; will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval	
The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	1
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐. The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	4/15/11	
Signature	Mohn	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other courteed fiduciary by that fiduciary)	
	NULALIDHALAD MAIR	
	(Typed or printed name of person signing)	
	(Title of person signing)	