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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

- AERO No	tailing GORP
(Name of Corporation as currently	filed with the Florida Dept. of State)
	00504 80
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	·
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o" A professional corporation name page contain de-
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3947 NW 76 5+ Miami, FL 33142
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3947 NW 26 St Miami, FL 33142
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered AgentN/A	
New Registered Office Address: OC New Registered Office Address: OC New Registered Agent's Signature, if changing Registered Agent:	Address) Florida Florida
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position?
Signature of New Rev	istered 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 = Chairmon 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>	<u>John Doe</u>				
\underline{X} Remove	<u>V</u>	Mike Jones	i			
X Add	<u>sv</u>	Sally Smith	1			
Type of Action (Check One)	<u>Title</u>	_	<u>ame</u>			Address
1) Change	VF	<i>)</i> <u> </u>	Milageo	Materia) 	1440 Miam, RD
Add						<u>++3</u>
Remove						ft landerdale ft 3331
2) Change	P		ROSMA	N MARQ	VEZ.	ft laudendal, ft 333] 3947 NW 265+ Miami, fl 33142
X Add						Miami, +C 331412
Remove						
3) Change					·	<u> </u>
Add		-				
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

11.	ets, if necessary). (
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	<u>_</u> ,	<u> </u>			
<u>an amendment pro</u>	<u>vides for an exchan</u> s	ge, reclassificatio	n, or cancellation	of issued shares,	
rovisions for imple if not applicable	menting the amenda	<u>nent if not contai</u>	ined in the amend	<u>lment itself:</u>	
MICO					
- 17/12	_				
I					
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The date of each amendment(s) adoption:	, if other than the
dak: this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as the
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	
(voting group)	
☐ 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.	
Dated 2-6-18. Signature Signature	
(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 court appointed fiduciary by that fiduciary)	
Milago Materan (Typed or printed name of person signing)	
(Typed or printed name of person signing)	/ >
(Typed or printed name of person signing) Milagro Materian: (Press (Title of person signing)	dent)
(Title of person signing)	·