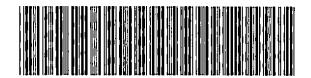
P170000.88405

(Requ	estor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fly Dynasty Corp	oration	
	BER: P17000088405		
	of Amendment and fee are si	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Stacy Sosa		
		Name of Contact Pers	on
	Fly Dynasty Corporation		
		Firm/ Company	
	11081 SW 64th Ave	u, <u></u>	
		Address	
	Ocala, FL 34476		
		City/ State and Zip Co	de
Stacs	zsosa@hotmail.com	•	
	-	sed for future annual repo	
For further information Stacy Sosa	n concerning this matter, pleas		3981183
Name	of Contact Person	at (Area C	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
■ \$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)
Ame Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amer Divisi Clifto 2661	t Address dment Section ion of Corporations n Building Executive Center Circle hassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fly Dynasty Corporation (Name of Corporation as currently filed with the Florida Dept. of State) P17000088405 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	$\underline{\mathbf{SV}}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	V	Alfonso Nery Sosa Lara	11081 SW 64th Ave.
Add			Ocala, FL 34476
Remove			
2) X Change	<u>P</u>	Stacy Nicole Sosa-Soto	11081 SW 64th Ave,
Add			Ocala, FL 34476
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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nge, reclassification	<u>1, or cancellatio</u>	n of issued share	<u>s.</u>
dment if not contain	ned in the amen	dment itself:	
			
 _		-	
<u>_</u> _	·		
			
	inge, reclassification dment if not contain	inge, reclassification, or cancellation dment if not contained in the amend	inge, reclassification, or cancellation of issued share dment if not contained in the amendment itself:

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were se	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
☐ The amendment(s) was/were app 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):	
"The number of votes east	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.	pted by the incorporators without shareholder action and shareholder	
01/17/2019		
Dated		
Signature 🚽		
(By a d selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	Stacy Nicole Sosa-Soto	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	