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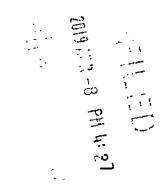
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Amend

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I ALBRITTON

COVER LETTER

ć,

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HELI CONSIGNM	MENT, INC.	
DOCUMENT NUMB		_	
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	·
ĺ	PAOLA CARRANZA-ROB	INSON	
_		Name of Contact Persor	1
	HELI-CONSIGNMENT, IN	C.	
-		Firm/ Company	
	11244 SW 111th Street		
-	·	Address	
	Miami, FL , 33176		
-		City/ State and Zip Cod	· ·
paola	ýheli-consignment.com		
<u>-</u>	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
PAOLA CARRANZA-ROBINSON		at (3383215
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HELI CONSIGNMENT, INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
17000088892	
(Docume)	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	oration;
N/A	The new
	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co", A professional corporation name must contain the
Enter now assingted office address: if applicables	N/A
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u> 	<u></u>
2 Page and the Standard Standard	
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
· · · · · · · · · · · · · · · · · · ·	P. T.
	
). 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 of	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	City (Zip Code)
	(Lap Colle)
New Registered Agent's Signature, if changing Regis	red Agent:
	n familiar with and accept the obligations of the position.
	re 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:

 $P \times President; V \times Vice President; T = Treasurer; S = Secretary; D \times Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$

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 De	<u>)c</u>	
X Remove	<u>V</u>	Mike Je	<u>ones</u>	
X Add	\underline{SV}	Sally Si	<u>nith</u>	
Type of Action (Cheek One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P	_	JULES C. ROBINSON	11244 SW 111th Street
Add				Miami, FL, 33176
X Remove				
2) X Change	Р	_	PAOLA CARRANZA-ROBINSON	11244 SW 111th Street
Add				Miami, FL. 33176
Remove				
3) Change		_		
Add				
Remove				<u> </u>
4) Change		 -		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If am</u> (Attac	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary) — (Be specific)
N/A	
	
	· · · · · · · · · · · · · · · · · · ·
F. If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
N/A	y not applicable, inalcale MA)
18//1	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendments sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
4/4/2019 Dated		
Signature /	director, president or other officer – if directors or officers have not been	
selec	a director, president or directificer – if directors or officers have not occur ated, by an incorporator – if in the hands of a receiver, trusteer or other cou	rt
appo	inted fiduciary by that fiduciary)	
	Paola Carranza-Robinson	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	-