P190000 11785

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

Premier Aviation Sales Inc NAME OF CORPORATION: P19000011785 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alan A lluiz

Name of Contact Person

Ariation Sales

Firm/ Company

Stree E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 391 894 8

Area Code & Daytime Telephone Number 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 P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

Premier AVIATIAN SAles Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P19000011785
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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)
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The first state of the state of
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 Julio Acorta
15800 Pines Blvd, Ste 2038
New Registered Office Address: Pen broke lines Florida 33027
(City) (Zip Code)
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 Check if applicable
Signature of New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.
— ···· and in the state of the paradita to a control by (11) (5). F.O.

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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	_S_	GEORGINA PEREZ	20911 Johnson St
Add		•	<u>lembroke lines, FL 3300</u>
Remove	^	ΛΙ Λ Λ.	
2) Change	<u> </u>	Alan A. Ruiz	16134 S.W. ARCOUST
_ X Add			MIRAMAR, FL 3302
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additie</i>	o <mark>r adding addi</mark> onal sheets, if n	recessary).	(Be specific)				
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an amendm	ient provides f	or an excha	nge reclassific	ation or cone	allation of ic	mad charas	
rovisions fo	r implementin	ig the amend	dment if not co	ntained in the	e amendment	itself:	
(if not ap	plicable, indica	ne N/A)				- HDCIII	
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The date of each amendment(s) adoption:	, if other than the
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.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
tyoting group)	
Dated June 7, 2021 Signature	2021 Jüll I 4 PM 3: 00
(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)	PH 3:
(Typed or printed name of person signing)	00
Pres - Secretary	
(Title of person signing)	