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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SKYVUE JET SOI	LUTIONS CORP		
DOCUMENT NUME	D10000017010			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	ELIWAR DECARVALHO			
		Name of Contact Persor	1	
	E.R.C. CONSULTING, INC.			
		Firm/ Company		
	4699 N COURSE DR STE 1	02E		
		Address		
	POMPANO BEACH, FL 33064			
		City/ State and Zip Code		
For further information	E-mail address: (to be us	sed for future annual report	notification)	
	··	at (
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$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 Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

Tallahassee, Fl. 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SKYVUE JET SOLUTIONS CORP

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(Name of Cor	poration as currently filed with the Florida Dept, of State)
P19000017819	2013 HAY 15 P 1x 13
	Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:
	The new
name must he distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	ne word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if app	licable:
(Principal office address MUST BE A STREE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	
D. If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florida, enter the name of the stered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered a	ng Registered Agent: igent. I am familiar with and accept the obligations of the position.
, no oc, no op,	
	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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP,D	JULIAN M PATINO PENALOZA	6737 SW 19th STREET
Add			POMPANO BEACH, FL 33068 US
X Remove			
2) Change	VP,D	CAROL NAGEL	21909 LAKE FOREST CIR APT 2
X Add			BOCA RATON, FL 33433 US
Remove			
3) Change			AND THE RESERVE OF THE PERSON
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary)	(Be specific)
-	
1 - 815	
- <u> </u>	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

04/30/2019	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	will not be listed as th
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)	
(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 05/13/17	
Signature	
(By a director fresident 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)	
ROBERTO R NAGEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	