P190000 70709

(Re	equestor's Name)			
(Ad	ldress)			
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(Bu	usiness Entity Nan	ne)		
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COVER LETTER

	COVER LETTER			
TO: Amendment Section Division of Corporations	* *	c	SOC SOUND AND AND AND AND AND AND AND AND AND A	
NAME OF CORPORATION: LEAD AERON	AUTICAL PROFESSIONAL	CORP	A 3	
DOCUMENT NUMBER: P19000070709			6. 1 m	
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
OMAR PERDOMO				
	Name of Contact Person	1		
LEAD AERONAUTICAL	PROFESSIONAL CORP			
	Firm/ Company			
1830 RADIUS DR APT 90	05			
	Address			
HOLLYWOOD, FL 33020				
	City/ State and Zip Code			
XAR.INTL@GMAIL.COM				
E-mail address: (to be	used for future annual report	notification)		
For further information concerning this matter, pl	case call:			
GUILLERMO RODRIGUEZ CAMERO	at (⁷⁸⁶	3589233		
Name of Contact Person				
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State;		
■ \$35 Filing Fee & Certificate of Status		S52.50 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	Amend Divisio The Ce 2415 N	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

LEAD AERONAUTICAL PROFESSIO	NAL CORP			
(<u>N</u> ame	of Corporation as curren	tly filed with the Florida Dept. of Sta	ite)	
P19000070709			4.	
	(Document Number	of Corporation (if known)	-6	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the	e following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation name mu	ubbreviation "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10990 NW 138th ST BAY 2		
		HIALEAH GARDENS, FL 3301	8	
			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10990 NW 138th ST BAY 2		
		HIALEAH GARDENS, FL 33018		
		 -		
D. If amending the registered agent an new registered agent and/or the ne			<u>ıc</u>	
GUILLERMO RODRIGUEZ CAMERO				
Name of New Registered Agent 10990 NW 138th ST BA		Y 2		
	(Florida s	trevi address)		
New Registered Office Address:	HIALEAH GARDENS	. Florid	33018	
		(City)	(Zip Code)	
New Desistand Agent's Signature of a	hanaina Daaistanad Aaan	٠.		
New Registered Agent's Signature, if c I hereby accept the appointment as regis	tered agent. I am familiar	a: with and accept the obligations of the	position.	
•	a			
	Card			
		•		

Page 1 of 4

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 Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Na</u>	<u>ame</u>	<u>Addres</u> s
1) Change	P	O:	MAR PERDOMO	1830 RADIUS DR APT 905
Add				HOLLYWOOD, FL 33020
X Remove				
2) Change	P	GI	UILLERMO RODRIGUEZ CAME	10990 NW138th ST BAY 2
X_{Add}				HIALEAH GARDENS, FL 33018
Remove Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			17	
Add				
Remove				
6) Change				
Add				
Remove				
			Page 2 of 4	
E. If amending or additional about	ng additi	onal Articles	s, enter change(s) here:	
(Attach additional she N/A	eis, ij ned	æssary). (E	se specificj	

		 ·

(if not applicable, indicate N/A) N/A	ment if not contained in the amendment itself:	
	· ·	
	<u> </u>	
		
		<u></u>
	Page 3 of 4	
1	11/27/2019	
he date of each amendment(s) adoption:	11/27/2019	, if other than t
late this document was signed.		

(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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice		er of votes cast for the amendment(s)
☐ The amendment(s) was/were approvious the separately provided for each		
"The number of votes east for	the amendment(s) was/were suffi	cient for approval
by		"
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without sha	ireholder action and shareholder
Dated		
Signature	mar Jerdomo	
		directors or officers have not been
	y an incorporator – if in the hands iduciary)	of a receiver, trustee, or other court
OM	IAR PERDOMO	
	(Typed or printed name o	f person signing)
PR	ESIDENT	
(Ti	le of person signing)	