P200000 34963

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AERO REPAIRS	INC	
DOCUMENT NUM	P2000003.1063	-	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Monica Uscategui		
		Name of Contact Persor	1
	Greenlight Financial LLC		
		Firm/ Company	
	7480 Bird Road #810		
		Address	
	Miami, FL 33155		
		City/ State and Zip Code	<u>-</u>
	muscategui@greenlightfinan	cial.net	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas		860-5970
	of Contact Person		de & Daytime Telephone Number
	or the following amount made		•
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)
Am Div P.C	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 ?	Address Iment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 71122 APR 11 PM 1:29

AERO REPAIRS INC

(Name of Corporation as currently filed with the Florida Dept. of State TARY OF STATE TALLAHASSEF, FI P20000034963 (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: (Muiling 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: _, Florida_ (City) 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

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	AMBR	<u>.</u>	GUEVARA, HOLLMANN	
Add				
Remove				
2) Change	AMBR	_	BAUMANN, JASON	1950 NW 20TH AVE
X Add				MIAMI, FL 33125
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ch additional sheets, if necessary). (b	e specific)		
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Tun umandmunt massidas for un as abanda	a malassification on associlation	of ingued abuses	
f an amendment provides for an exchang provisions for implementing the amendn	ent if not contained in the amend	ment itself:	
(if not applicable, indicate N/A)			
			
			<u>-</u>
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CF	ECK ONE)
☐ The amendment(s) was/were adopted by the action was not required.	ncorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) pproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	dment(s) was/were sufficient for approval
by	
(Vol	ng group)
Dated Signature (By a director, pres	den) or other officer – if directors or officers have not been
selected, by an inde appointed fiduciary	rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
HOLLMA	IN GUEVARA
	Typed or printed name of person signing)
AUTHORI	ZED MEMBER / VP
	Fitle of person signing)