P22000045514

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Aviation Composite Solutions Corp.
DOCUMENT NUMBER: P22000045514
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PANNY Rodriques Name of Contact Person Aviation Composite Solutions Corp Firm/ Company 1432 W 29 ST Apt 3 Address Hialeah FL 33012 City/ State and Zip Code REY. SHERLYN D GNAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daury Rodeiguez at (305) 801 - 5602 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

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Articles of Incorporation	A	202
Aviation Composite Solutions Corp	7- 5- 5- 1- 1-	2 JUL
(Name of Corporation as currently filed with the Florida Dept. of State)	35.	22
P2200045514	in S	_
(Document Number of Corporation (if known)	7.0	25
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ving amendin	nent(s) to
A. If amending name, enter the new name of the corporation:		
	The ne	'''
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must con "chartered," "professional association," or the abbreviation "P.A."	ation "Corp.,	, , ,
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing 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		
Name of New Registered Agent REINALDO RODAGQUEZ LLANES		
(Florida street address)	<u> </u>	
New Registered Office Address: Hallah (City) Florida (City)	_ 330]:	2
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 of the pos	vı.	
1432 W 29th St spt 3 Hiallah H (Florida street address) New Registered Office Address: Hiallah (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 with a company of the position of	(ip Code)	2

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	10	<u>Keinaldo</u> Kodriguezt	lanes 1432 SW 29 St Apt 3 Hialesh A 33012
Remove			
2) Change Add			
Remove 3) Remove			
Add Remove			
4) Change			
Add			
5) Change Add			
Remove			
6) Change			
Remove			

	s, if necessary).	les, enter change(s) her (Be specific)		
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	vides for an excha	inge, reclassification, o	r cancellation of issued	shares,
lf an amendment prov		dment if not contained	in the amendment itsel	<u>lf:</u>
provisions for impler	nenting the amen			
If an amendment pro- provisions for impler (if not applicable,	nenting the amen indicate N/A)			
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The date of each amendment(s) adoption: 06 01 2022 date this document was signed.	, if other than the
Effective date if applicable: 06 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard be separately provided for each voting group entitled to vote separately on the amendment(s):	
	≥ 20
"The number of votes east for the amendment(s) was/were sufficient for approval	2022 ALL
by"	ZZ JUL 2
	JUL 22
by"	JUL 22 PH 12: ATASSEET FLOR
by	JUL 22 PH 12: 55
by	JUL 22 PH I2: 55
Dated Off 18 2022 Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other	JUL 22 PH I2: 55