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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: PRECISION AIR	PARTS SUPPORT SER	VICES, INC	
	JMBER: P24000040825			
	cles of Amendment and fee are su	bmitted for filing.		
Please return all c	orrespondence concerning this ma	tter to the following:		
	STEPAN STEPANIAN			
		Name of Contact Person		
	FISHMAN, GELLER & STEPANIAN, LP			
		Firm/ Company		
	150 E. COLORADO BLVD	SUITE 210		
		Address		
	PASADENA, CA 91105			
		City/ State and Zip Code		
	STEPAN@FGSCPA.COM	1		
	E-mail address: (to be us	sed for future annual report	notification)	
For further inform	nation concerning this matter, pleas	626	793-0909	
Na	me of Contact Person	at (at Co	de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made			
■ \$35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Co 2415 N	Address ment Section n of Corporations entre of Tallahassee §. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

PRECISION AIRPARTS SUPPORT SERVICES, INC.

•

(Name of Corporation as curren	tly filed with the Florida	Dept. of State)
P24000040825		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporatio	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation	ted" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	CABLE ALL STATES
		7000 0 1 1860 1 1860 1
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	WON STATE OF THE PARTY OF THE P
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
		·
(Florida :	street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	,	way cam,
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familian		ttions of the position.
Company of Manager	Registered Agent, if changi	
·	медіменей мусті, ң спануі	$n_{\mathbf{S}}$
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)

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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	Р	SOFIA INGEL	1515 COUNTY RD
Add			GREEN COVESPRINGS
Remove			FL 32043
2) Change			E. F. C.
Add			2: 2 ORIDA
Remove 3) Change			€Ð H
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary), (Be specific)			
N/A			
			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares	i .		
provisions for implementing the amendment if not contained in the amendment itself:	-		
(if not applicable, indicate N/A)			
N/A			
			
			
			
	·		
	· · · · · · · · · · · · · · · · · · ·		
			

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after a	nendment file date)
Note: If the date inserted in this I document's effective date on the D		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	9 0. 7074 water
• The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of direct	tors without shareholder action and sharel titler
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of verificient for approval.	otes east for the amendment(s)
	proved by the shareholders through voting greach voting group entitled to vote separatel	
"The number of votes case	for the amendment(s) was/were sufficient for	4/3
by	(voting group)	<u>.</u>
	(voting group)	
6/18/2023 Dated	ł	
Signature	Sofia Ingel	
(By a c	irector, president or other officer – if directod, by an incorporator – if in the hands of a reted fiduciary by that fiduciary)	
	SOFIA INGEL	
	(Typed or printed name of perso	n signing)
	PRESIDENT	
	(Title of person signing)	