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To:

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: (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758

Fax Number : (305)371-3178

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address: atejidor@therrelbaisden.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN SNJ AERO MACHINING, INC.

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TO: Amendment Section

Division of Corporations

From: 3053589656

COVER LETTER

NAME OF CORPOR	LATION: SNJ AERO MACH	IINING, INC. 		
DOCUMENT NUME	DO1000007402			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ANDRES E. TEJIDOR, ESQ	·.		
•	Name of Contact Person			
	THERREL BAISDEN, LLP			
•		Firm/ Company		
	I SE 3RD AVENUE, SUITE	2950		
,	Address			
	MIAMI, FLORIDA 33131			
•	City/ State and Zip Code			
	ATEJIDOR@THERRELBA	ISDEN.COM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se cail:		
andres E. Tejidor, ESQ.		at (_ ³⁰⁵	371-5758	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address Indirection Indir	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations In of Tallahassee In Monroe Street, Suite 810 Insector FL 32303	

From: 3053589656

Articles of Amendment Articles of Incorporation of

SNJ AERO MACHINING, INC.	
(Name of Corporation	as currently filed with the Florida Dent. of State)
P94000067683	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corr	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable;	
(Principal office address MUST BE A STREET ADDR	ESS)
·	
C. Enter new mailing address, if applicable;	
(Mailing address MAY BE A POST OFFICE BOX)	25
	[6] N
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	
Name of New Registered Agent ASHLEY RA	AB
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Designated & gentle Clountyne If shoughed Barles	tarad Aganti
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second of the second	um familiar with and accept the obligations of the position.
allukaa	b
8 Signatu	ire 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.

From: 3053589656

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	PI	John Doe	
∠ Remove	<u>v</u>	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PST	ASHLEY RAAB	4990 SW 52 ST, 209
X Add			FT. LAUDERDALE, FL 33314
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6)Change			
Add			
Remove			

• •

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

From: 3053589656

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state is each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voling group)	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
•	ASHLEY RAAB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	