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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: Point To Point Aviation Inc.				
DOCUMENT NUMBER: PP80000 16847				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Shelley Lynne Name of Contact Person Jetur Anation Services LLC Firm/ Company 720 W Cheyenne Ave. Swife 20 Address N Las Vegas NV 59030 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Shelley Lynne or Lucy DeLoney at (702) 272-0076 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

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Point To Point Avia	filed with the Florida Dept. of State)
	filed with the Florida Dept. of State)
PU & \$000 \$ 14847	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation of the abbreviation of the Aprofessional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	720 W Cheyenne Ave.
	Surle 20
	N Las Vegas NV 89030
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	720 W. Cheyenne Ave.
	Suk 20
	N Las Vegas NV EAUZU
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Registered	Agents Inc.
7901 4TH St	N. Suite 300
CL D. J.	
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	ide and as mot the obligations of the position
Thereby accept the appointment as registered agent. I am familiar w	un ana accept the obligations by the position.
Bee	Hame
Signature of New Re	gistered 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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>v</u> P	Thomas Claccio	2011 S. Perimeter Kd.
Add Remove			Suite N F1 Landerdale FL 33309
2) Change	<u>P</u>	Thomas Ciaccio	3848 Campus Dr.
Add Remove 3) Change	CF0	Thomas Claccio	Newport Brach, (A 92660 900 Arrord Rd.
Add Remove	<u> </u>	THOM (X.) CALCELON O	merrite Island, FL 32952
4) Change Add	<u>P</u>	Shelley Lynne	720 W. Chey enne Ave. Suite 20
Remove			N Las Vegas NV 99032
5) Change Add			
Remove			
6) Change			
Add			
12			

f amending or adding additional Articles, enter cha Attach additional sheets, if necessary).— (Be specific)	<u> </u>
N/A	
_	
an amendment provides for an exchange, reclassi provisions for implementing the amendment if not (if not applicable, indicate N/A)	ification, or cancellation of issued shares, contained in the amendment itself:
I/A	
411,	
	<u></u>

The date of each amendment(s) adoption:	July 11, 2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (Q	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amend or approval.	lment(s)
	the shareholders through voting groups. The following sing group entitled to vote separately on the amendment(s	
"The number of votes east for the an	nendment(s) was/were sufficient for approval	
by		
(voting group)	
The amendment(s) was/were adopted by taction was not required.	he board of directors without shareholder action and shareholder	reholder
action was not required	he incorporators without shareholder action and sharehol	ıder
Dated April 26 Signature (Dy a director of	Willy May 2	
(By a director, p	resident or other officer - if directors or officers have no	t been
	ncorporator – if in the hands of a receiver, trustee, or oth	er court
appointed fiduci	ary by that fiduciary)	
Sr	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
Pri	esident	
	(Title of person signing)	