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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: B	A AEROSP	ACE L	LC
	N	lame of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) ar	re submitted for filing	;,
Please return all corresp	ondence concerning this m	natter to the following	:
Svitlar	Name of Person	<i>0</i> V	
	Firm/Company		
1810 NE 2	OI terrace Address	#6212	
Aventura	F/ 33/P ity/State and Zip Code	0	
SKNOSO E-mail address: (to	Petto Og) be used for future annual	Mail.COM report notification)	7
For further information of	concerning this matter, plea	ase call:	
Svitlana	Aidov of Person	at (786 Area Code	354 - 8289 Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	i ircle]]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for	the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& S60 Filing Fee. Gertificate of Status & Gertified Copy
CR2E062 (9/15)			

STATEMENT OF CORRECTION FOR | FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		209, F.S., this docum	•	1			ent.	
<u>FIRST</u>	: The name of the	limited liability com	pany is: BA	A É	ROSPACE	LLC		_
								
<u>SECO</u>	ND: The Flor	rida Document numb	er of the limited li	ability co	mpany is: <u>L 1-</u> 7	100014	9846	
THIR	Docume	ent to be corrected is:	Articles ,	of Oi	ganizat	ion		
	(CHECK T	<u>ΓΗΕ APPROPRIAT</u>	TE BOX AND CO	MPLET	E THE APPLIC	ABLE STAT	EMENT	
À	Contains an inco	rrect statement. The follows:	incorrect statemer	nt, the rea	son the statement	is incorrect, a	nd the correc	cted
	I mad	e mistak	e with	ca	npany	name		
	It sh	e mistak ould be	BA A	eros	sacell			
	_ There	is no	space	6e	tween	BA		<u> </u>
	<u>OR</u>		1					
	Was defectively as follows:	signed. The manner	in which the docu	ment was	defectively signe	d and the app	ropriate corre	ection are
				.				
					<u> </u>			
							21 0 21 0	<u>.</u>
	<u>OR</u>							::
	The electronic tra	ansmission of the ret	ord was defective.			りが思い	7:16	
	Signati	ure of Authorized Re	presentative	 -		Date	.= .=	_
	are of new registere	ed agent, if applicable).	e :(NOTE: if corre	ecting the	registered agent,	the new regis	tered agent n	nust sign
New R	egistered Agent's S	Signature, if changing	Registered Agen	<u>t:</u>				
I hereb provisio obligat	v accept the appoin ons of all statutes rions of my position a change in the reg	niment as registered relative to the proper is as registered agent gistered addres	agent and agree to and complete perj as provided for in) act in th formance Chapter	of my duties, and 605, F.S. Or, if th	l I am familiar is docum <mark>e</mark> nt is	with and ac being filed i	cept the to merely
			Degistered A	ant's Si	mature			
Registered Agent's Signature								
		Cer	Filing Fee: tified Copy:		\$25.00 \$30.00 (optional)			