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(Re	equestor's Name)	1
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K.SALY EXAMINER AUG -7 2015

COVER LETTER

Division of Corp	orations			
Extant Aeros SUBJECT:	space, LLC			
Name of Limited Liability Company				
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
,	James F. Gerwien, Jr			
	Extant Aerospace			
	1615 W NASA Blvd			
•		Address		
	Melbourne, FL 32901			
		City/State and Zip Code		
	jpadilla@extantaerospace.co			
	E-mail address: (t	o be used for future annual report notificati	on)	
For further information co	ncerning this matter, please ca	dl:		
Judith Padilla		321 254-1500 at ()		
Name of	Person	at () Area Code Daytime Tel	lephone Number	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2015 AUG-6 PM 2: 45

Extant Aerospace, LLC

(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	ASSEE. FLORIDA
The Articles of Organization for this Limited Liab Florida document number L01000022321	ility Company were filed on 12/21/2001	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Symetrics Industries, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	·
B. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the new
Name of New Registered Agent:	****	
New Registered Office Address:	Enter Florida street address	
_	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	from our records:	ianage, <u>enter the title</u>	, name, and address of each person being added
MGR = M AMBR = A	lanager uthorized Member		And address of each person being added FILED 20/5 AUG -6 PH 2: 45 Type of Action FALLAHASSEE, FLOORE
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE Add
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record specifies the 90th day aft	a delayed effective er the record is filed	d. _, <u>2015</u> .	ective time, at 12:	01 a.m. on the earli	er of:
record specifies the 90th day aft	a delayed effective er the record is filed	d. _, <u>2015</u> .		01 a.m. on the earli	er of:

Page 3 of 3

Filing Fee: \$25.00