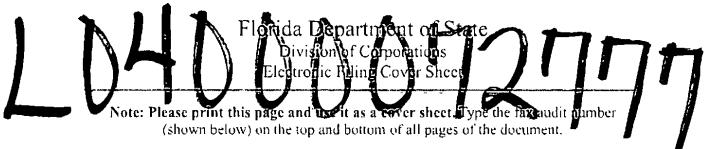
To:

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TETREA SPECIAL AEROSPACE, VERTICAL APPLICATIONS LLC

Certificate of Status	0
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M. SOLOMON

JUL - 5 2023

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comn (A Florida Limited		n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/06	2004	_ and assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
			1-0	2023
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the abbre	viation LEC."	
Enter new principal offices address, if applicable:	n/a		<u> </u>	JUN 30
(Principal office address MUST BE A STREET ADDRESS)			10.0	
			(A) - 1	
			골습 공유	ഗ
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· ·- ·		
				<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name c</u>	of the new reg	<u>istered</u>
Name of New Registered Agent: n/a				
New Registered Office Address:				
	Enter Florida	street address		
		Florida		
	Cuh		Zip Code	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cap performance of my provided for in Cha	duties, and Lam fan pter 605, F.S. Or, if i	iiliar with an this documen	d

If Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James H. Bradley, Jr.	5525 W CYPRESS ST	□Add
		TAMPA, FL 33607	□Remove
MGR D	Robert Roggerman	5525 W CYPRESS ST	
		TAMPA, FL 33607	■ Remove
			Change
CFO	Cindy Adams	5525 W CYPRESS ST	∴ <b>2023</b> ⊡Add <b>223</b>
		TAMPA, FL 33607	OS NOR SUPPLY CONTRACTOR SUPPL
			PM 2:
MGR	Daniel C. Zook	5525 W CYPRESS ST	98.55
		TAMPA, FL 33607	■ Remove
			□Change
MGR	Thomas J. Gulifoy	5525 W CYPRESS ST	
		TAMPA, FL 33607	■Remove
MGR	Joel Aoki	5525 W CYPRESS ST	■Add
		TAMPA, FL 33607	□Remove

Justin T. Johnson	5525 W CYPRESS ST. TAMPA, FL 33607	
Jon T. Thomas	5525 W CYPRESS ST, TAMPA, FL 33607	
	35 CO	20.
	7 (C) 2+ 30	NOF 6203
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f an effective date is listed, the Note: If the date inserted	than the date of filing:	0207 (3 ed as th
e record specifies a delayer d is filed	d effective date, but not an effective time, at 12:01 a m. on the earlier of: (b). The 90th day after	the
Dated June 27	2023 Jall Bely J	
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