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SECRETARY OF STATE
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K.SALY EXAMINER JUL 11 2012

COVER LETTER

TO:	Registration S Division of Co		•	
SUBJECT: AVIAT			RONICS, LLC	
ЭОБ ЭГ			ted Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
	JULIO C MOLINA			
			Name of Person	•
J.C			C. MOLINA & ASSOC	,
			Firm/Company	
8260			FLAGLER STREET STE 2-	·C
•			Address	
			MIAMI, FL. 33144	
			City/State and Zip Code	
juliomg@bells E-mail address: (to be used for futur			illiomg@bellsouth.net to be used for future annual report notif	nnual report notification)
For fur	ther information	concerning this matter, please c		,
	JUL	IO C MOLINA	at (_305_)	559 9070
Name of Person		of Person	Area Code & Daytim	e Telephone Number
Enclos	ed is a check for	the following amount:		
₹ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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SEUNLIANT OF STATE
TALLAHASSIE, BLORIDA

<u>AVIATRONICS, LLC</u> (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned L06000046820 Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

New Registered Agent's Signature, if changing Registered 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Address** Type of Action Name | MGR **DIXON GUTIERREZ** 6051 NW 153RD STREET ☐ Add MIAMILIAKES FL 33014 Remove \square Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 3 2012 Signature of a member or authorized representative of a member **FELIX A RANGEL** Typed or printed name of signee

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