L08000049735

· (Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
(City/State/Zipir/florie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800159306318

08/27/09--01016--011 **25.00

09 AUG 27 AMII: 31
SECRETARY OF STATE

J. BRYAN

AUG 28 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Aerospaca Astomation, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shane M Link Name of Person
Name of Person Aerospace Automation, LLC Firm/Company Firm/Company
830 SW 174 Terrace Address
Pembroke Pines, FL 33029 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shane M link at (954) 240-2844 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{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

Aprosnaco	Automation 116	ir records.)
(Name of the Limited Li (A F)	Automation, LLC ability Company as it now appears on or orida Limited Liability Company)	ir records.)
Γhe Articles of Organization for this Limited Liab	<i>i</i>	,
Florida document number <u>L080004973</u>	,	,
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the L.L.C."	he words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
•		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	<u> </u>	
3. If amending the registered agent and/or registered agent and/or the new registered offic		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	City	_, Florida Zip Code

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 **Name Address Type of Action** David Krebs 4480 Banyan Trails Drive X Add Coconut Creek, FL 33073 ☐ Rem MGRM Remove Add ☐ Remove Remove Add _ Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Shane M. Link
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00