

04/03/2012 10:00 BLACK

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(FAX)

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**LO9000083730**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000083730 3)))



H120000837303ABCV

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PETER J. JAENSCH, P.A.  
Account Number : 105065002440  
Phone : (941) 366-9841  
Fax Number : (941) 951-0677

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

Email Address: \_\_\_\_\_

**FILED**  
12 APR -3 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

12 APR -3 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GNSS AEROSPACE LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

**D. BRUCE**

APR 04 2012

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GNSS AEROSPACE LLC

(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 03/04/2009 and assigned  
Florida document number L09000021237

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: Anne L. Powell

New Registered Office Address: 2120 Timucua Trail

Enter Florida street address

Nokomis

Florida

34275

City

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.*

Anne L. Powell  
If Changing Registered Agent, Signature of New Registered Agent

12 APR -3 AM 9:57

FILED

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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                                                             |
|-------|-------------------|-----------------------------------------|----------------------------------------------------------------------------|
| MGRM  | Murfin, Anthony J | 2120 Timucua Trail<br>Nokomis, FL 34275 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                   |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                   |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                   |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                   |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                   |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 30, 2012

*Anna L. Powell*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Anna L. Powell  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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