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COVER LETTER

	Registration Se Division of Cor					
SUBJEC		ROSPACE SUPPLIES, LLC				
SUBJEC	<u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Luis Suarez				
	Name of Person Firm/Company					
		Miami Florida 33122				
		info@shellaerospace.com	City/State and Zip Code			
For furth	er information co	e-man address: (i	to be used for future annual report notifall:	ication)		
Luis Sua	ırez		786 4002660 at ()			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne 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)		
		ING ADDRESS: ation Section	STREET/COURII Registration Section			

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHELL AEROSPACE SUPPLIES, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L11000031815		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 off registered agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I covided for in Chapter 605, F.S.	am familiar with and . Or, if this document is
If Chang	ing Registered Agent, Signature of Ne	w Registered Agent
Рада 1	of 3	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUIS SUAREZ	7500 NW 25TH ST UNIT 1A	□ Add
•		MIAMI FL 33122	
			■ Remove
			Change
Manager	LUIS A SUAREZ M	7500 NW 25TH ST UNIT 1A	<u></u> ■ Add
		MIAMI FL 33122	5 5
			□ Remove
			□ Add
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			☐ Change
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ective date, if other than the of the date must be defective date is listed, the date must be. If the date inserted in this bloom the Desument's effective date on the Desument's effective date on the Desument's effective date.	date of filing: t be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing partment of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed a
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