L11000057668

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| То: | B 21 |
| Division of Corporations Fax Number : (850)617-6383 | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYNCH AVIONICS GROUP, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LYNCH AVIONICS GROU | | | | | |
|--|---------------------------------------|------------------------|-------------|-------------|----------------------|
| (Name of the Limited Liability Company (A Plovida Limited Liab | as it now appears : ility Company) | on one records | | | |
| The Articles of Organization for this Limited Liability Company we lorida document number L11000057668 | re filed on | 05/16/2011 | ar | nd assig | med |
| his amendment is submitted to amend the following: | | | | | |
| . If amending name, enter the new name of the limited Hability | company here | <u>.</u> | | | |
| | | | | | |
| e new name must be distinguishable and end with the words "Limited Liability | Company," the des | signation "LLC" or | he abbrevia | tion "L.I. | .C." |
| nter new principal offices address, if applicable: | | | ĪĀS | | |
| rincipal office address MUST BE A STREET ADDRESS) | | | E.C. | | entla |
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| ner new mailing address, if applicable: | | | <u> </u> | | (CARLEST (CARLEST |
| failing address MAY BE A POST OFFICE BOX) | | · <u>·</u> | <u> </u> | <u> </u> | 5 F (|
| | | | - <u>RF</u> | | <u> </u> |
| | | | D.Y. | # | |
| If amending the registered agent and/or registered office gistered agent and/or the new registered office address here: Name of New Registered Agent: | e address on o | ur records, <u>eni</u> | er the m | ine of | the r |
| | | ···· | | | |
| New Registered Office Address: | Enter Florida | street address | | | ~ |
| | 2 mm 2 mm | | | | |
| | City | , Florida | Zip (| Code | |
| | | | 30 . | | |

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 605, 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 Changing Registered Agent, Stenature of New Resistered Agent

Page 1 of 3

| 40° M | | | | | |
|---|---------------------------------|--------------------|----------------|--|--|
| MGR = Manager AMBR = Authorized Member | | | | | |
| <u>ītle</u> | <u>Name</u> | Address | Type of Action | | |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets | , if necessary.) |
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| Dated 02/21 2014 | |
| B- C. 2- | |
| Signature of a member or authorized representative of a membe | |
| IBEX INTERMEDIAÇÃO NEGOCIOS Typed or printed name of signee | CORP. |
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Page 3 of 3