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SECRETARY OF STATE TALLAHASSLE, FLORIDA

JAN - 2 2014

T. BROWN

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AIR	CRAFT ANAL Name of Limite	YTICS, LLC.	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	LOREN	Name of Person	
	A,RCRAF	Name of Person Firm/Company	<u>, LLC.</u>
	P.O. Bo	Firm/Company / Address	<u> </u>
	NEWAO	RT BEACH, CA City/State and Zip Code	92658
	LOREN ES E-mail address: (t	City/State and Zip Code 7.RCRAFT ANALYTI o be used for future annual report notificat	CS. Com
For further information con	ncerning this matter, please ca		
LORGN Name of I	LE W/5 Person	at (333) 377- Area Code Daytime Te	5 J / 6 lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	O\$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

	OF	14 IN ED
ARCRAFT (Name of the Limited)	ANALYTICS LLC Liability Company as it now appears on our Florida Limited Liability Company)	TASECRE PH 4: 46
The Articles of Organization for this Limited Lia	,	and assigned and assigned
Florida document number <u>L1200005</u>	<u>0931</u> .	•
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applical		designation "LLC" or the abbreviation
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	<u>OX)</u>	
B. If amending the registered agent and/or the new registered offi	r registered office address on our reco <u>ce address here</u> :	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
		, Florida
	City	, Fiorida

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, Signature of New Registered Agent





if amending the managers or Authorized member on our records, enter the title, name, and address of each manager or Authorized Member being added or removed from our records:

MGR = Manager'

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** 1557 WEST 111+HPL Add MGR THELMA GREAR LOS ANGELES, CA 90047 Remove MGR EVAWILLIAMS 5475 VALLEY RIDGE AUG Add

LOS ANGELEGES, CA 90043 Remove

iffec n eff	ive date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (
	tive date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (1) 1
offection of the offetion	12/23/2013, 2013).
	Signature of a member or authorized representative of a member
	12/23/2013, 2013).

Filing Fee: \$25.00