## 112000162005

(Req	questor's Name)
(Add	dress)
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(City	//State/Zip/Phone #)
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## COVER LETTER

TO: Registration Section Division of Corporations				
CUBI	r car	AEROSAFETY I	NTERNATIONAL. LLC	
SORI	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		KRISTOFFER JOHNSON		
			Name of Person	
		PHOENIX EAST AVIATI	ON	
			Firm/Company	
		561 PEARL HARBOR DE	RIVE	
			Address	
		DAYTONA BEACH, FL	32114	
City/State and Zip Code				
		KJ@PEA.COM		
		E-mail address: ()	to be used for future annual report notification)	
For fu	orther information of	oncerning this matter, please ca	all:	
JOHN	N M. BINGHAM		386 258-0703	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$2	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)	
MAILING ADDRESS: Registration Section Division of Corporations			STREET/COURIER ADDRESS:	
			Registration Section Division of Corporations	
	P.O. Be	ox 6327	Clifton Building	
	Tallaha	assee, FL 32314	2661 Executive Center Circle Tallahassee, El. 32301	

## ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |

	ROSAFETY INTERNĄTI			
(Name of the Limi	ted Liability Company aslit r (A Florida Limited Liability C	ow appears on our	records.)	
The Articles of Organization for this Limited L Florida document number L1200016200  This amendment is submitted to amend the following name, enter the new name of	liability Company were file 55	led onDecen	sh 28 2012	and assigned
<u></u>				
The new name must be distinguishable and contain the	vards "Limited Liability Comm	any " the decionation	n "I I (" or the absence	ntion Th. L. C. T.
Enter new principal offices address, if applic			7: 37: 4 We table 1	
(Principal office address MUST BE A STREE	ET ADDRESS)		ري دري	24
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	or registered office ad	dress on our re	ecords, enter the	name of the new
registered agent and/or the new registered o	ffice address here:		_	
Name of New Registered Agent:	David D. Fuller, Jr., Esc.	quire		
New Registered Office Address:	500 North Oleander Ay	enue		
Con registered Office (lagress).		Enter Florida street	address	
	Daytona Beach		, Florida 32118	
	Ciny		——————————————————————————————————————	ip 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 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 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 Title Name <u>Address</u> Type of Action MGR Edwards, Spence J. 561 Pearl Harbor Drive \_□ Add Daytona Beach, FL 32114 ■ Remove ☐ Change MGR Reslan, Ghassan M. 561 Pearl Harbor Drive \_□ Add Daytona Beach, FL 32114 **■** Remove ☐ Change CFO Crigler, Charles R. 561 Pearl Harbor Drive □ Add Daytona Beach, FL 32114 **■** Remove ☐ Change CEO Bingham, John M. 561 Pearl Harbor Drive ■ Add Daytona Beach, FL 32114 □ Remove \_□ Change **CFO** Johnson, Kristoffer 561 Pearl Harbor Drive 🗏 Add 2017 A R € ve Daytona Beach, FL 32114 \_ Change 공<u>고</u>ㅁ **서요** 36 □ Remove ☐ Change

D. If amer	nding any other is	nformation, enter	change(s) here:	(Attach additional sheet	ts, if necessary.)	
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(If an effe Note: I docume	ctive date is listed, the If the date inserted in the cate of the	n this block does no on the Department o	and cannot be prior to of meet the applicab of State's records.	date of filing or more than 90 ble statutory filing requirent an effective time, at	nents, this date will not be	listed as the
Dated _	July 20		2017	——————————————————————————————————————	0	
_			_ ·	John M. K	Single Do	20
	Signature of a member or authorized representative of a member					
			JOHN M. E	BINGHAM	ASS	∑ <b></b>
		<del></del>	Typed or printed	name of signee		
			Page 3	3 of 3	98.5 19.5 19.5	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00