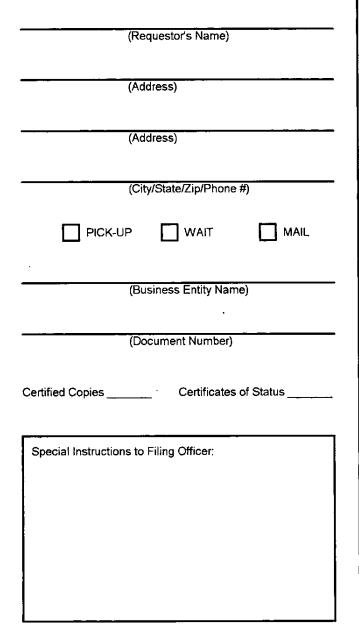
## L13000106411



Office Use Only



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B. BOSTICK
JUL 3 1 2013
EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

**SMT Aerospace LLC** 

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald C Ball

Name of Person

**BVR Aerospace LLC** 

Firm/Company

5 Portofino Drive STE 1607

Address

Pensacola Beach FL 32561

City/State and Zip Code

ronclarkball@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald C Ball

, 850 **889-2555** 

Name of Person

Area Code & Daytime Telephone 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)

□\$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

SMT Aerospace LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on or imited Liability Company)	<u>ur records.</u> )		
The Articles of Organization for this Limited Liability Co			signed	
Florida document number L13000106411	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:			
BVR Aerospace LLC				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," th	ne designation "LLC" or the	abbreviation	
Enter new principal offices address, if applicable:		<b>5</b> , 5	>	
(Principal office address MUST BE A STREET ADDR	ESS)	<u></u>		
		# E		
		<u> </u>	3	
Enter new mailing address, if applicable:		fig <u> </u>	2 : 1	
(Mailing address MAY BE A POST OFFICE BOX)		10 Z		
	<del>• • • • • • • • • • • • • • • • • • • </del>	<u> </u>	•	
		<del>-</del>		
B. If amending the registered agent and/or regist		cords, <u>enter the name</u>	of the new	
registered agent and/or the new registered office addr	ress nere:			
Name of New Registered Agent:				
V D : 100 411				
New Registered Office Address:	Enter Florida street address			
<del></del>	City	, Florida Zip Cod	le	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>ile</u>	Name	Address	Type of Action
<del></del>			Add
			Remove
	<del></del>		Add
			Remove
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			Add
			Remove
			<del> </del>
			Add
			Remove

If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
July 29	<b>2013</b>
25	Z
	gnature of a member or authorized representative of a member
Ronald C Ba	<b>II</b>
<del></del>	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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