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Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			: <u>a</u>
	Division of Corporations		
	Fax Number : (850)617-6383		14.23.55 27.05 24.05 (4.1
From:	,		T (2)
r r Om .	Account Name : FASTKIT CORP		
	Account Number : 120100000009		$rac{r_{ij}}{r_{ij}}$ α
	Phone : (305)599-0839		
	Fax Number : (305)592-9591		
E	nnual report mailings. Enter only one	email address pl	
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E	mail Address:LC AMND/RESTATE/CORRECT	email address pl	ease,**
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E	LLC AMND/RESTATE/CORRECT NOBEL AEROSPACI Certificate of Status	OR M/MG RE	ease,**
E	LC AMND/RESTATE/CORRECT NOBEL AEROSPACE Certificate of Status Certified Copy	OR M/MG REE, LLC	ease,**
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOBEL AEROSPACE, LLC		
(Name of the Lie	mited Liability Company as it now app (A Florida Limited Liability Company	eurs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	08/19/2014 and assigned
Florida document number L14000130045		•
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	ficable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable:		122 APP
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or	registered office address on our	records, enter the name of the new register
agent and/or the new registered office addr	ess here:	©
Name of New Registered Agent:	ORLANDO TAVIO	<u> </u>
New Registered Office Address:	15962 SW 63 TERR	
	Enier Fl	orida street address
	MIAMI	, Florida 33193
	City	Zip 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	<u>Name</u>	Address	Type of Action
MGR	JUAN BENITEZ	1532 NW 89TH CT	DAdd
		DORAL FL 33172	≅Remove
			Change
MGR	REINALDO FERNANDEZ	1532 NW 89TH CT	DAdd
		DORAL FL 33172	≅Remove
			☐Change
AR	BEATRIZ FERNANDEZ	1532 NW 89TH CT	
		DORAL FL 33172	■Remove
MGR	ORLANDO TAVIO	15962 SW 63 TERR	■Add
		MIAMI FL 33193	□Remove
			□Change
MGR	ALIRIO GARCIA	102 SE 9 CT	
		HIALEAH FL 33010	□Remove
			Change
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this biocument's effective date on the D	it be specific and cannot be pric ook does not meet the appli	or to date of filing or more that cable statutory filing requ	(aptional) a 90 days after filing.) Pursuant to trements, this date will not be	605.020 listed =
record specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
APRIL 13	, 2022	·		
1.5	Physician			
+//	CULTUS Signature of a member or aut	norized representative of a me	mber	-

Filing Fee: \$25.00