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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED AEVEXAEROSPACE, LLC

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Help

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEVĚX AEROSPÂCE, LLC	,	
(<u>Name of the Limited Linbillty (</u> A Florida Li	Company as it now appears on our records.) mired Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L14000146099	npany were filed on 09/18/2014	and assigned
Florida document number 211000110000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LEC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	(52)	
		-
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		77 S
		14 09 19 19 19 19 19 19 19 19 19 19 19 19 19
		1.4
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter th</u>	e name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	CARLOS RAMOS	440 STEVENS AVE SUITE 150	XIAdd
		SOLANA BEACH, CA 92075	□Remove
			□Change
AMBR	CHAD NICHOLS	440 STEVENS AVE SUITE 150	[X Add
		SOLANA BEACH, CA 92075	□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			[]Change
			□ Add
			□Remove
			□Change
			[]Add
			□Remove
			LIChange

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after record is filed.	the
Dated 08FEB2023	
Dominique Richards Signature of a stember or authorized representative of a member	
Dominique Richards Typed or printed name of signee	