

6/1/00 13-242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

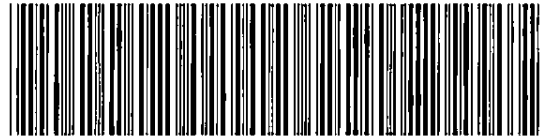
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/12/24--01037--022 **25.00

2024 JUL 12 AM 7:55
CLERK OF STATE
TALLAHASSEE, FL

07/12/24

LLC Articles of Amendment Filing

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July 8, 2024

Please find enclosed duplicates of the Articles of Amendment for **AEROSPACE
EBUSINESS, LLC** a domestic Limited Liability Company.

Please file the enclosed Articles of Amendment and return a file-stamped copy or Proof
of Filing to the below address in the enclosed SASF.

Payment for the required fees is enclosed (\$25.00 to the Department of State).

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and assistance.

Sincerely,

The Client Services Team
MyCompanyWorks, Inc.
187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

Phone: 702-362-2677
Fax: 702-825-2581

FILED
JUL 10 AM 7:55
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AEROSPACE EBUSINESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/30/2014 and assigned Florida document number L14000152423.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUDOZONE SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

2024 JUN 2 AM 7:55
DADE COUNTY
FLORIDA STATE
COMMISSIONER, FL

2024 12 AM 7:55
STATE
CLASSIE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 5, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00