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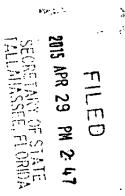
(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Co	ection rporations	· ·	
SUBJECT:	AEROSPACE SYSTEMS, LLC	ч	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JESSE CRUZ		
		Name of Person	
	AEROSPACE SYSTEMS,	, LL.C.	
		Firm/Company	127
	19200 NW 19TH. STREE	Т	
	****	Address	
	PEMBROKE PINES, FL3	33029	
	SALES@AEROSPACESY	City/State and Zip Code STEMS.NET	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
JESSE CRUZ		786 445-9260 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO ARTICLES OF ORGANIZATION OF

FILED

2015 APR 29 PN 2: 4.7.

AEROSPACE SYSTEMS, LLC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Florida document number L15000010742		JANUARY 20TH , 2015	and assigned
Trondit doodinent namber			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company	<u>/ here</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," tl	ne designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			and the first of the second
(Principal office address MUST BE A STREET ADDRESS)		And the state of t	
	 		
Enter new mailing address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(maining tuturess MAT BE A FOST OFFICE BOA)		and the state of t	and the state of t
B. If amending the registered agent and/or registered off	ice address	on our records, <u>enter</u>	
registered agent and/or the new registered office address here: Name of New Registered Agent:	3		
registered agent and/or the new registered office address here:		-	
registered agent and/or the new registered office address here: Name of New Registered Agent:		Florida street address	
registered agent and/or the new registered office address here: Name of New Registered Agent:		Florida street address	
registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter i	Florida street address	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EVELYN CRUZ	19200 NW 19TH STREET	Add
		PEMBROKE PINES, FL 33029	Remove
			Change
MGR	JESSE CRUZ	19200 NW 19TH STREET	■ Add
		PEMBROKE PINES, FL 33029	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			
		 	Remove
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			□ Add
		**************************************	□ Remove
			□ Change

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	FLOR
 	
E. Effective date, if other than the date of filing:(op	otional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t	fter filing.) Pursuant to 605.0207 (3)(b
document's effective date on the Department of State's records.	his date will not be fisied as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier of:
is the soul day after the record is filed.	
APRIL 24TH 2015	
Signature of a member or authorized representative of a member	
JESSE CRUX Typed or printed name of signee	
I VICO OF DEDUCE OF SIGNER	

Page 3 of 3

Filing Fee: \$25.00