L15000095083

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TO:	Registration So Division of Cor	ection 4 , porations	~ €:	,	
CHD UP	ULTRA EI	ECTRONICS ENTERPRISES	SILC		
SOBJE	CI:	Name of Limited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		JULIANA H PIETA			
			Name of Person		
		TAX CONTROLLER INC			
Firm/Company					
750 E SAMPLE ROAD BLDG 3 BAY 5					
Address					
		POMPANO BEACH, FL	33064		
POMPANO BEACH, FL 33064 City/State and Zip Code ROSANGELA@TAYCONTROLLER COM					
ROSANGELA@TAXCONTROLLER.COM E-mail address: (to be used for future annual report notification)					
For furth	her information c	oncerning this matter, please ca	·	,	
JULIAN	NA H PIETA		954 301-1848		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne 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

FILED 2015 JUN 12 PM 2: 50

ULTRA ELECTRONICS ENTERPISES LLC

SECRETARY OF STATE. TALLAHASSEE, FLORIDA

(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 06/01/2015 and assigned Florida document number 1.15000095083 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC" 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	GUADALUPE YADIRA MARTI NEZ	6365 COLLINS AVE APT 1407	■ Add
		MIAMI BEACH - FL 33141	□ Remove
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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. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605	5.02 ted
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earli	ier
ated JUNE 4TH 2015		
Signature of a member or authorized	representative of a member	

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Filing Fee: \$25.00