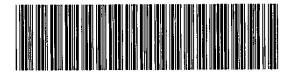
## LECONII9

(Red	questor's Name)	
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SECRETARY OF SIGNAL ARASSES, FLOT NA

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## **COVER LETTER**

TO: Registration S Division of Co				7	·
MYNGO A	AEROSPACE L.L.C.				
SUBJECT.	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are sub ondence concerning this matter	-			
	THOMAS R. BYRD				
		Name of Person			
	ALULA AEROSPACE,LI	.c			
		Firm/Company			
	8100 NW 53 ST, SUITE 2	75			
		Address			
	DORAL, FL 33166			<b>ಕ</b>	FY
	<del></del>	City/State and Zip Code		AP 2	
	THOMAS.R.BYRD@ALU	LAAERO.COM to be used for future annual report notifi	cation)	R 22	CARASE
For further information	concerning this matter, please c	·	cation	P	711
THOMAS R. BYRD		321 652-0562 at ( )		9: 57	
Name	of Person	Area Code Daytime	Telephone Number	_	والمعق
Enclosed is a check for	the 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 F Certificate of Certified Copy (additional copy i	Status &	

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

MTNGO AEROSTACE L.L.C.			
( <u>Name of the Lim</u>	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L15000104119	Liability Company were fil	led on JUNE 15, 2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability con	npany here:	
ALULA AEROSPACE,LLC			
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
	_		<b>16</b> 1
Enter new mailing address, if applicable:	-		PR 22
Mailing address MAY BE A POST OFFICE	ROY)		2 7
Mining marcis MAY DE ATOST OF THE			9, 57
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		dress on our records, enter	the name of the ne
Name of New Registered Agent:	BLILIE LAW		
New Registered Office Address:	1200 BRICKELL AVE	NUE, SUITE 1950	
New Registered Office Address.		Enter Florida street address	
	MIAMI	, Florida <sup>33</sup>	3131
	City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

MVNGO AEDOSDACETTC

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Remove
			☐ Change
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	22 P	213 213
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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 of filing or	(optional)	0207
Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlie	er o
Dated APRIL 12 2016		
	ve of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00