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D. SCOTT NOV 3 0 2016

NA.

COVER LETTER

	Registration Sec Division of Corp				
SUBJECT		OSPACE LLC			
30B3EC	·	Name of Limi	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	urn all correspon	ndence concerning this matter	to the following:		
		MARCO REIS			
			Name of Person	-	
USA TAX CORPORATION					
			Firm/Company		
591 E SAMPLE RD Address					
					
		POMPANO BEACH FL 33	3064		TAN SE
		USATAX@USATAXFL.CO	City/State and Zip Code OM		NOV 28 PH 3-1
		E-mail address: (t	o be used for future annual report notifi	cation)	SSE 18
For further	r information co	oncerning this matter, please ca	ill:		ENG P
MARCO	REIS		954 788-1818 at ()		S. I
•"	Name of	Person		Telephone Number	 ,-
Enclosed i	s a check for th	e following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

TO:

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

CTA AEROSPACE 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 $\frac{01/21/2016}{}$ and assigned 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 "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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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	XDA INVESTMENTS LLC	9300 S DADELAND BLVD	Add
		STE 600 MIAMI FL 33135	Remove
			☐ Change
		- 	Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add TALL GO Bamova
			CRETAR OF STATE Remove Remove
			Change
		-	Add
			_ □ Remove
		<u> </u>	□ Change

	A CA
	EAST T
Note:	ve date, if other than the date of filing:
docun	ent's effective date on the Department of State's records.
the re) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	NOVEMBER 22ND

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00