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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	

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COVER LETTER

TO: Registration Se Division of Cor				
LOOMIS O	TWSILLC			
SUBJECT:	Name of Lim	nted Liability Company		
The enclosed Articles of	Amendment and feets) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Daniel J. Lawrence			
		Name of Person		
	LOOMIS CWSILLC			
		Firm/Сопралу	~ <u></u>	
	3234 S dixie Highway		73 27 -	
		Address		
	West Palm Beach, Fl. 334	05	PHI2: 07	:
		City/State and Zip Code	12 E E E	<u></u>
	Dan a loomisaviation.com			
For further information a	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	(fication)	
Dan Lawrence		941 376-8006		
Name o	of Person	at () Area Code Daytim	ne Telephone Number	
Englosed is a check for the	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 Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOOMIS CWSTLLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company wa	ere filed on 03:03/2016 and assigned
Florida document number L16000044905	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	γ company here:
LOOMISCWST 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)	E 2
	NIE : 07
-	- 11 3
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the name of the new regi</u>
New Registered Office Address:	Enter Florida street address
	Plant de
 	City Zin 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

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

Title	<u>Name</u>	Address	Type of Action
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e: If the date inserted in this block does not ument's effective date on the Department of	t meet the	applicabl	e statutory	filing requi	rements, this	date will	not be	listed :
union s effective date on the Department of	State Site	corus.						
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ord specifies a delayed effective date, but no filed. d January 3 Signature of a	X	$\overline{\leq}$						

Filing Fee: \$25.00