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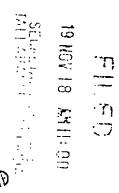
(Re	equestor's Name)	
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(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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NECT OF STO T SCHEDEDER

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:		dress Change	Power	Aerospace	GROUP.	LLC
			Name of Limited	Liability Company		
The enclosed	d Articles of	Amendment and fe	e(s) are submitte	ed for filing.		
Please return	n all correspo	ndence concerning	this matter to th	e following:		
		Andrew Persau	ıd			
			···	Name of Person		
		Power Aerospa	ce Group, LLC			
		· · · · · · · · · · · · · · · · · · ·	•	Firm/Company		
		2899 W Prospo	ect Road Suite I			
				Address		
		Fort Lauderdal	e, Florida 33309)		
		apersaud@powe		ity/State and Zip Code		
		E-m	ail address: (to be	used for future annual re	port notification	1)
For further is	nformation c	oncerning this matt	ter, please call:			
Andrew Per	saud			954 326- at ()	_	
	Name o	f Person		Area Code	Daytime Telep	phone Number
Enclosed is	a check for th	ne following amour	nt:			
■ \$25.00 F	Filing Fee	S30.00 Filing Certificate	-	3 \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Aerospace Group, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3/17/16 and assigned
lorida document number L16000054958	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)	W/A 1 5 m
Enter new mailing address, if applicable:	2899 W Prospect Road Ξ Ξ
Mailing address MAY BE A POST OFFICE BOX)	Suite I
	Fort Lauderdale, Florida 33309 AD
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	M/A Enter Florida strect address
	, Florida
	City Zip 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

<u>Title</u>	Name		Address		Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior	to date of filing or more tha	(optional) n 90 days after filing.) P	ursuant te	605.02
te: If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records.	able statutory filing requ			
record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time,	at 12:01 a.m. or	n the e	arlier
ted 11/12/2019 . 2019	<u> </u>			
		ember		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00