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COVER LETTER

Allied Avid	onies, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Carry Hernandez	
	Name of Person	
	Tesla Avionics. LLC	
	Firm/Company	
	6065 NW 167 Street, Suite B12	
	Address	
	Miami Lakes, FL 33015	
	City/State and Zip Code	
	hilario.h@alliedavionics.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Carry Hernandez	305 323-3197 at ()	
Name of	of Person Area Code Daytime Telephone Number	
Enclosed is a check for th	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status	of Status &

Registration Section

Division of Corporations

TO:

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

(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number L16000114621	ability Company	were filed on June 14,	2016	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		- 18 · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the	he abbreviation L.L.C.
Enter new principal offices address, if applicable:		6065 NW 167 Street,	Suite B12	1 m
(Principal office address MUST BE A STREET		Miami Lakes, FL 330	15	- Pag 0
			· · ·	55: 07
				29
Enter new mailing address, if applicable:		6065 NW 167 Street,	Suite B12	-
(Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)	Miami Lakes, FL 330	15	
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	~~		records, en	ter the name of the no
New Registered Office Address:	6065 NW 167	Street, Suite B12		
· · · · · · · · · · · · · · · · · · ·		Enter Florida str	eet address	
	Miami Lakes		, Fiorida	33015
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	r and complete	performance of my di	uties, and I a	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
AMBR	Hilario Hernandez	6065 NW 167 Street, Suite B12	_ _ Add
		Miami Lakes, FL 33015	Add
			☐ Remove
			□ Change
			Remove
			☐ Change
			Add
			Remove
			Change
			5.29 1.31 1.31 1.31 1.31 1.31 1.31 1.31 1.3
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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 nete: If the date inserted in this block does not meet the applicable statutory filingument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.		rlier o
ed <u>August 29</u> , <u>2018</u> . Signature of a member or authorized representative	yfd/	
	e of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00