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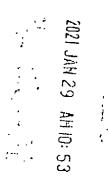
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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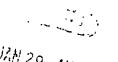
O SIMMONS
MAR 13 2021

COVER LETTER

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CUBIC	TCA Aeros			
SUBJEC	.1:	Name of Lim	ited Liability Company	
The analog	and Swinler of	Amountment and for(a) are sub-	mirrod for Glina	
		Amendment and fee(s) are sub indence concerning this matter	<u>-</u>	
		Alyce Schreiber		
			Name of Person	
		TCA Aerospace, LLC (Pre	cision Aerospace Group, LLC)	
			Firm/Company	
		20900 NE 30th Avenue. St	aite 803	
Address				
		Aventura, FL 33180		
			City/State and Zip Code	
		aschreiber@tap-advisory.co		
r c			to be used for future annual report not	ification)
		oncerning this matter, please ca	all:	
Alyce Sc	hreiber		305 586-8216 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Registration S		<u>Street Address:</u> Registration Se	
	Division of C		Division of Cor	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 7 2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMELIANDO TO ARTICLES OF ORGANIZATION OF 2021 JAN 29 AM 10: 53



TCA 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 Comp	any were filed on 0770672010	and assigned		
Florida document number L16000126433	y <u></u>			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:			
Precision Aerospace Group, LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "l	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2			
	20900 NE 30th Avenue, Su	iu- 803		
Enter new mailing address, if applicable:	Aventura, FL 33180			
(Mailing address MAY BE A POST OFFICE BOX)	Avenura, Fr. 33160			
	ce address on our records, <u>en</u> t	er the name of the new registere		
	ce address on our records, <u>en</u>	er the name of the new registere		
agent and/or the new registered office address here:	ce address on our records, <u>ent</u> Enter Florida street add			
Name of New Registered Agent:	Enter Florida street ada	lress		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ada City			
Name of New Registered Agent:	Enter Florida street ada City	lress		

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		2621 1.	29 AM ICT vpc of Action	
<u>Title</u>	<u>Name</u>	Address Address	//Type of Action	
MGR	William Fickling	20900 NE 30th Avenue, Suite 803	`ÖAdd	
		Aventura, FL 33180	□Remove	
			Change	
MGR	Melinda Gerard	20900 NE 30th Avenue, Suite 803	□ Add	
		Aventura, FL 33180	□ Remove	
			≡ Change	
			□Ađd	
			□Remove	
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CC a' d a	I-46 C1'			(1)	
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocurrent's effective date on the De	be specific and cannot be ck does not meet the	applicable statutory			
record specifies a delayed effective Lis filed.	date, but not an effec	etive time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
ated	2021				
	eleca letre	or authorized represen	-		

Filing Fee: \$25.00