LICOCOICO 2390

(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	•
Certified Copies	Certificates	s of Status
Consist testerations to F	ilian Officer	
Special Instructions to F	lling Officer:	
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Office Use Only



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S. WARREN OCT 1 8 2017

COVER LETTER

	istration Se ision of Cor			
SUBJECT:	Basis Partne	ers Strategic Aerospace Adviso	ory, LLC	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		James Merrill		
			Name of Person	
			Firm/Company	
		832 Luarca Ln		
			Address	
		Oviedo, FL 32765	C. E. 17 C.	
		admin@basisstrategicadviso	City/State and Zip Code	
n 4 4 .	0 .		to be used for future annual report notific	cation)
		oncerning this matter, please co	all:	
Edward Men	Name of	Person	541 382-7000 at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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 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**

(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)
(***	orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	0.04.0017
Florida document numberL16000162390	
This amendment is submitted to amend the followin	
A. If amending name, enter the new name of the	limited liability company here:
Basis Strategic Advisory, 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	: <u>N/A</u>
(Principal office address MUST BE A STREET A	DDRESS)
F-4	N/A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
R If amending the registered agent and/or -	engistered office address on our records enter the name of the
registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new address here</u> : /A
Name of New Registered Agent:	address here:
registered agent and/or the new registered office	address here:
Name of New Registered Agent:	Address here: /A Enter Florida street address
Name of New Registered Agent:	address here: /A
Name of New Registered Agent:	Enter Florida street address City Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		Add
			□ Remove
			Change
			
			□ Remove
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			□ Change

D., If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
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Note: docum	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
` ,	
Dated	October 10 2017
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Edward Merrill
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00