L17000188115

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AUG 01 2019 S. YOUNG

COVER LETTER

TQ:	Registration Section
	Division of Corporation

SUAR Actospace L10

SUBJECT: _

Name of Limited Liability Company

The enclosed	Articles of	Amendment	and f	ee(s) .	are s	submitted	lor	filing.

Please return all correspondence concerning this matter to the following:

Derek Saltzman

Name of Person

SOAR Aerospace LLC

Firm/Company

1008 Wainright drive

Address

Oviedo Florida 32765

City/State and Zip Code

Dereksaltzman.soar@gmail.com

E-mail address: (to be used for future annual report not(lication)

For further information concerning this matter, please call:

 Derek Saltzman
 954
 9348742

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filling Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) So0.00 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 Chilon Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOAR A	erospace LLC
	(<u>Name of the Limited Liability Company as it now appears on our records</u> (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/5/2017 and assigned Florida document number L17000188115

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOAR Composites LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1008 Wainright drive oviedo flroda 32765

ū

1008 Wainright drive oviedo flroda 32765 Enter new mailing address, if applicable: : (Mailing address MAY BE A POST OFFICE BOX) <u>;</u>;;__ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Derek Saltzman	
New Registered Office Address:	1008 Wainright drive ovie	do flroda 32765
	Ei	ster Florida street address
	oviedo	, Florida <u>32765</u>
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

VE Changing Registered Agent, Signature of New Registered Agent

 If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records;

MGR = Manager ÁMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			Change
<u> </u>			🗆 Add
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			Remove
			Change

* D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	<u> </u>	
	Signature of a member or authorized representative of a member	

Derek Saltzman

Typed or printed name of signee

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Filing Fee: \$25.00