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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

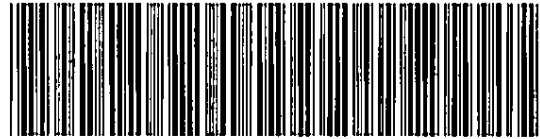
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOAR Composites LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Derek Saltzman

\_\_\_\_\_  
Name of Person

SOAR Composites LLC

\_\_\_\_\_  
Firm/Company

4032 iveyglen avenue

\_\_\_\_\_  
Address

orlando florida 32826

\_\_\_\_\_  
City/State and Zip Code

dereksaltzman@soarceusa.com

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Saltzman

954 934 8742

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box-6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOAR Composites 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 Company were filed on 09/05/2017 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:**

SOARCE 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:

4032 iveyglen avenue, orlando florida, 32826

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4032 iveyglen avenue orlando florida 32826

(Mailing address MAY BE A POST OFFICE BOX)

**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:

4032 iveyglen avenue

*Enter Florida street address*

orlando

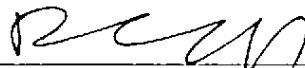
Florida 32826

*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> | <u>Name</u>    | <u>Address</u>                             | <u>Type of Action</u>                      |
|--------------|----------------|--|--|
| CEO          | Derek Saltzman | 4032 iveyglen avenu orlando florida. 32826 | <input type="checkbox"/> Add               |
|              |                |  | <input type="checkbox"/> Remove            |
|              |                |  | <input checked="" type="checkbox"/> Change |
| CFO          | Patrick Michel | 4032 iveyglen avenu orlando florida. 32826 | <input type="checkbox"/> Add               |
|              |                |  | <input type="checkbox"/> Remove            |
|              |                |  | <input checked="" type="checkbox"/> Change |
|              |                |  | <input type="checkbox"/> Add               |
|              |                |  | <input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Change            |
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|              |                |  | <input type="checkbox"/> Add               |
|              |                |  | <input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Change            |

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Derek Saltzman

Typed or printed name of signee

**Filing Fee: \$25.00**