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SECRETARY OF STATE

2018 AUG 13 PM 12: 0:

COVER LETTER

Division of Corporations	
SUBJECT: DENEB AEROSPACE, LLC Name of Limited Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBERT GRANADOS Name of Person	
ANTARES AEROSPACE & DEFE	EN SE , LLC
486 VENTICELLO DR.	
LAS VE GAS NV 89138 City/State and Zip Code	
robert. granados antares - iac. C E-mail address: (to be used for future annual report notificati	on)
For further information concerning this matter, please call:	
Robert Granados at (973) 224-0 Name of Person Area Code Daytime Tel	470 Jephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 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

TO:

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

FILED

DENEBI AEROSPACE, LL	_C 2018 AUG 13 PM 12: 05		
(Name of the Limited Liability Compa (A Florida Limited I	2018 AUG 13 PM 12: 05 ny as it now appears on our records. Jability Company) SELVETARY OF STATE TALLAHASSEE. FL		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{11}{01}$ and assigned		
Florida document number <u>L1700225876</u>	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
ANTARES AEROSPACE & DEFO	ENSE, LLC ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	486 VENTICELLO DR.		
(Principal office address MUST BE A STREET ADDRESS)	LAS VEGAS, NV 89138		
•	<u> </u>		
Enter new mailing address, if applicable:	486 VENTICEILO DR.		
(Mailing address MAY BE A POST OFFICE BOX)	486 VENTICELLO DR. LAS VEGAS, NV 89138		
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Parietanal Office Address	•		
New Registered Office Address:	Enter Florida street address		
	Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and brovided for in Chapter 605, F.S. Or, if this document is		
If Chan	iging Registered Agent, <u>Signature of New Registered Agent</u>		

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>	Address	Type of Action
<u></u>			
			□ Remove
			☐ Change
			☐ Remove
		 	☐ Change
			☐ Add
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an effective lote: If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier that have after the record is filed.
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ated	2. A. D.
oated	August 6 2018 Result Deanutor Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00