Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000263113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover shect.

To:

Division of Corporations

Fax Number : (850) 617-6383

FEOR

Account Name : JECK, BARAIS, RAYNOR & JONES, P.A. Account Number : 120090600710

(961)713-2095 Pt.one Fax Musbus 1561)747-4113 RECEIVED

JAN 22 2018

**Entur the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: JANET@PROTOCOLHS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KODIAK AEROSPACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Mcnu

Corporate Filing Menu

Help

S. WARREN

JAN 23 2018

1 1 >> 850-617-6381

(((11180000263113)))

P 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF OPCANIZATION

ARTICLES OF ORGANIZATION OF

Kodiak Aerospace, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears of mited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on Janu	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here	;
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
	8	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining ludress MAI BE AT OST OF CROSS MAI		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	
New Registered Office Address:		
144 14 8030 00 011100 100000	Enter Florid	a street address
		, Florida
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of n ent as provided for in Cl l office address, I hereby	apter 605, F.S. OF, if this document is
	II Changing Registered Age	NI, SIGNATURE OF NEW REGISTERING
	Page 1 of 3	## · ·

(((H180000263113)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H180000263113)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHARLES L. MODICA	8985 SE Bridge Rd.	□ Add
		Hobe Sound, FL 33455	
			Change
MGR	CHARLES L. MODICA	8985 SE Bridge Rd.	Add
		Hobe Sound, FL 33455	Remove
			☐ Change
MGR	JIMCO MGT., LLC	8985 SE Bridge Rd.	Add
		Hobe Sound, FL 33455	CI Remove
			☐ Change
			Add
			☐ Remove
		<u></u>	Change
			Add
			© Remove 2 2 Change
			122 Change 0 9.431
			□ Remove
			Change

f umend	ing any other info	rmation, enter c	hange(s) bere:	(Attach additional	I sheets, if neces	ssary.)	
		-					_
							<u> </u>
					<u> </u>		
		·····					
	w <u>h</u>						_
						<u> </u>	
		<u></u>		. <u>.</u>		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>						
							_
						 -	_
						<u> </u>	
Note: If document he record	e date, if other that ive date is listed, the da the date inserted in the tast effective date on and specifies a de- oth day after the	his block does not the Department of layed effective	State's records.		equirements, une	s date will hat be	10,00 45
Dated	Januar	4 22.	, 2018	.•			
	ਰ	hale R	Madi	ed representative of	a member	60	
	Charles R. Modic	Signature of a		o representative of		122	3.1.5
			Typed or printed	name of signee		1 9: 3 1 EL CHIM	7 (7)

Filing Fee: \$25.00