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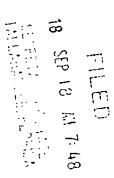
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COVER LETTER

TO: Registration Division of C		•	•
	PACE AND COMMERCIAL CO	OMPONENTS, LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Christoper T. Erich, Esq.		
		Name of Person	
	ERICH LAW, PLLC		
		Firm/Company	
	7065 Venice Way # 3004		
		Address	
	Naples, FL 34119		
		City/State and Zip Code	
	chris@erichlawpllc.com	== 1	
		to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
Christopher T. Erich,	Esq.	239 984-0028 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check to	r 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEROSPACE AND COMMERCIAL COM		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Florida document number L18000043552	Company were filed on 02/09/2018	and assigned
This amendment is submitted to amend the following:	 '	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "1."	imited 1 jability Company "the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7. (2)
Principal office address MUST BE A STREET ADI	ORESS)	<u> </u>
		البيد
Enter new mailing address, if applicable:		<u>_</u> : <u>5</u>
Mailing address MAY BE A POST OFFICE BOX)		,
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is .
		orida
	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>	Address	Type of Action
MGR	STATE SEAL COMPANY	7001 WEST ERIE ST., STE 2	Add
		CHANDLER, AZ 85226	■ Remove
			Change
			Add
			Remove
			Change
			By Yapp E.
			☐ Remove
			□ Add
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ective date, if other than the date of filing	:			(optional)	
effective date is listed, the date must be specific and te: If the date inserted in this block does not m					
nument's effective date on the Department of S					
record specifies a delayed effective d he 90th day after the record is filed.	ate, but no	ot an effecti	ve time, at 1	2:01 a.m. o	n the earlier o
ne your day arear the record is modi-		//	1		
September 9	2018		//		
	1.1	XX	_		
	/////	SD/	ative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00