118000108219

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SECRETARY OF STATE ON STATE ON THE CHARLES OF CORPORATIONS

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COVER LETTER

TO: · Registration Section
Division of Corporations

SUBJECT:	BXP Machining, LLC		
Sobsite .	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jason Ventura		
		Name of Person	
	BXP Machining, LLC		
		Firm/Company	
	1989 Hammondville Rd		
		Address	
	Pompano Beach, FL 330	069	
	- 44-14-19-	City/State and Zip Code	
	jv@bxpmarine.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Michelle Andre		954 366-1800 at ()	
Name	of Person	Area Code Daytime	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liah (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L18000108219</u>	Company were filed on 4/30/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TVIS
(Principal office address MUST BE A STREET ADI	DRESS)	E IOX
	<u> </u>	<u>ω</u>
Enter new mailing address, if applicable:		ORPORA
(Mailing address MAY BE A POST OFFICE BOX)	w mailing address, if applicable:	
B. If amending the registered agent and/or registered agent and/or the new registered office ac		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street uddress	
	, Florida	7: 0.1
	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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GENDRON HOLDING, INC	2915 Ogletown Road	□ Add
		Suite 2749	☐ Remove
		Newark, DE 19713	Change
			□ Remove
			□ Change
			Add
			☐ Remove
		Change	
			Add
			□ Remove
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ective date, if other than the	tate of filing:		(antional)	
ective date, if other than the effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior t	o date of filing or more th	nan 90 days after filing.)	Pursuant to 605.0
ument's effective date on the De		one sure of	junements, uns care v	III not be fisied
record specifies a delayed	offortive data but not	an offestive time	. at 13.01 a m a	
record specifies a delayed ne 90th day after the reco	rd is filed.	an enective time	, at 12.01 a.m. 0	ii tile earlier
, May 15	2018			
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Page 3 of 3

Filing Fee: \$25.00