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COVER LETTER

TO:	Registration So Division of Cor			
emp ic		NEERING LLC		1
SUBJEC	-1;	Name of Lin	ited Liability Company	
The enci	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Joshua Montanez		
			Name of Person	
			Firm/Company	
		1780 Aloma Ave		
		Winter Park, FL 32789	Address	
		Kratosfabrication@gmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	1
Joshua N	lontanez		407 517-0059	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	he following amount:		
Š \$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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n 🚶

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JAH 25 AM 11:51

JCR Engineering LLC			ETATE
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on nited Liability Company)	our records.)-	CSEE, FL
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000007825</u>	pany were filed on $\frac{1/07/2}{}$	019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Kratos Fabrication LLC			
The new name must be distinguishable and contain the words "Limited L	Liability Company," the desig	nation "LLC" or the ab	previation "L.L.G."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>		
		.*	1
Enter new mailing address, if applicable:		·	·
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ır records, <u>enter</u>	the name of the n
Name Basintaged Offine Address			1
New Registered Office Address:	Enter Florida	street address	i
		, Florida	ŀ
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my as provided for in Cha	duties, and I am for pter 605, F.S. Or,	familiar with and if this document is
ír	Changing Registered Agent.	Signature of New Re	gistered 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 Type of Action <u>Address</u> <u>Title</u> Name _□ Add _🛘 Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	rd specifies a delayed Oth day after the reco			ot an effec	tive time,	at 12:01 a.	m. on the	earlier
ated 21s	st day of January		2019	·				
	1/all			horized represe				
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Filing Fee: \$25.00