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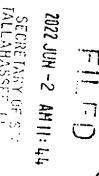
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
J. HORNE
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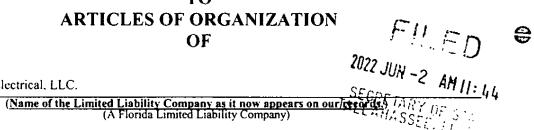


COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC		raft Electrical, LLC.			
SOBJEC		Name of Lim	nited Liability Company	······	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Todd Decker			
			Name of Person		
		T&W Aircrast Electrical, I	LLC.		
			Firm/Company		
		3711 Stearns Road			
			Address	···	
		Valrico, FL 33596			
			City/State and Zip Code		
		sales@twaircraftelectrical.c			
		E-mail address: (to be used for future annual report not	ification)	
For furth	er information c	oncerning this matter, please c	all:		
Todd De	ecker		813 740-9049 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration Se	ection	
	Division of C	orporations	Division of Co		
	P.O. Box 632		The Centre of 1		
	Tallahassee, 1	rl 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



T&W Aircraft Electrical, LLC.

			- Land 1 - 1
The Articles of Organization for this Limited Liab	oility Company were filed on	06/19/2019	and assigned
Florida document number 3980181692113	90016159	<i>O</i>	•
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	ne limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," t	he designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		····
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	istered office address on ou here:	ir records, enter the i	1ame of the new registered
		TI	
	City'	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rest company has been notified in writing of this ch	and complete performance ered agent as provided for gistered office address, I he	e of my duties, and I d in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Name	Address	Type of Action
AMBR	Crissy Decker	3711 Stearns Rd.	■Add
		Valrico, FL 33596	□Remove
			□ Change
			□Add
			□ Remove
			☐Change
			□ Add
		 	□ Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□Change

Effective date, if other than the date of filing: OS/31/2022		<u></u> ,.		
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