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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Inno	yation Aerospale Name of Lin	LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	indence concerning this matter	r to the following:	
	Sandy Delga	Name of Person	
		Aerospale LLC Firm Company	
	2314 honcock	bridge parkway	
	Cupe curul	FL 3 3440 City/State and Zip Code	
	Sales @ Frova E-mail address:	From - OPTO 1 COM to be used for future annual report note	lication)
For further information c	oncerning this matter, please o	eall:	
Sandy Deland	Qf Person	at (<u>\land \land \</u>	S12 e Telephone Number
Enclosed is a check for the	ne following amount:		21.001
\$25.00 Filing Fee	(1) \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed?
Mailing Addres Registration 5	_ ,	Street Address: Registration Sec	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovation Accosome LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/5/11 and assigned Florida document number L2/000/07/86 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LIC" or the abbreviation "LIC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Florida Florida Florida	Innovation Acrospace	LLC	
Florida document numberL_A__OOO__O_7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(<u>Name of the Limited Liàbility Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address	The Articles of Organization for this Limited Liability Compa	iny were filed on $3/5/\lambda$	and assigned
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Florida document number L21000107486.		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	This amendment is submitted to amend the following:		
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Enter new principal offices address, if applicable:		
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Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address		ce address on our records, <u>enter the nar</u>	ne of the new registered
New Registered Office Address: Enter Florida street address			
Enter Florida street address	Name of New Registered Agent:		
Enter Florida street address	New Registered Office Address:		
The state of the s		Enter Florida street address	7 33
			الاستان
City Zip Code Zip Code		City	Zip Code 3 元

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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with add 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 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
AMBR	Sandy Delgado	2314 honcock bridge parkway	&Add
		cope (oral FL 33940	□Remove
			l TChange
			□ Add
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