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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXCARE SOUTH MIAMI

Account Number : I20210000129 Phone : (786)647-5866 Fax Number : (786)465-2822

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: corina.smith@taxcareinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRION AEROSPACE LLC

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JUN 24 2022

COVER LETTER

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	ision of Cor					
end ivet.	TRION AEROSPACE LLC					
SUBJECT	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CORINA A. SMITH PAR	RA			
			Name of Person			
TAXCARE SOUTH MIAMI						
Firm/Company						
	1400 NW 107TH AVE STE 203					
Address						
MIAMI, FL 33172						
	City/State and Zip Code					
	CORINA.SMITH@TAXCAREINC.COM					
Kar fumber i	ntormation e	E-mail address(oncerning this matter, please of	to be used for future annual report no	uncation)		
		oncerning this matter, prease of	786 647-5866			
CORINA A. SMITH				ne Telephone Number		
	Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is a	i check for th	ne following amount.				
₩ \$25.00 E	Filing Fee	S30 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		Street Address: Registration S	ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000217029 3)))

TRION AEROSPACE LLC	Township it how opposit on a	un naturda)	
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	ut tecorus,	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{1.22000033270}{1.22000033270}$.	pany were filed on 01/18/2	022 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	Hability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "Li.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>	
		 - -	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BON)		<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	s, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	City	Zıp Code	
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my a nt as provided for in Chapt	luties, and I am familiar with and er 605, F.S. 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:

(((H22000217029 3)))

MGR = Manager AMBR = Authorized Member (((H22000217029 3))) (((H22000217029 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	MARKS, ALTRIN	1400 NW 107TH AVE STE 203	
		MIAMI, FL 33172	□Remove
			☐ Change
MBR	SAMBANDAMOORTHY, SIVAKUMAR	1400 NW 107TH AVE STE 203	= Add
		MIAMI, FL 33172	□Remove
			Change
			
			□Remove
			☐ Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H22000217029 3))) E. Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of. (b) The 90th day after the record is filed. Dated June 15th SIVAKUMAR SAMBANDAMOORTHY

Typed or printed name of signee

. . . .

Filing Fee: \$25.00 (((H22000217029 3)))