Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001105573)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

EFILE 1234@INCFILE.COM

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SHOP TO SHOP

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COX PROTOTYPE ENGINEERING LLC

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COVER LETTER

(((H23000110557 3)))

TO:	Registration So Division of Co			,
SUBJE	cri	COX PROTOTY	PE ENGINEERING LLC	
SOBJE	C1.W	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mutted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249;	STE 220	
			Address	
		HOUSTON TX, 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code	
			to be used for future annual r	eport notification)
or furt	her information c	oncerning this matter, please ca	all:	
LOVET	TE DOBSON] at ()	888-462-3453
	Name o	r Person	Area Code	Daytime Telephone Number
Enclose	d is a check for th	he following amount:		
≘ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enc)	Certificate of Status &
	Mailing Addres Registration S		Street Ad Registra	dress: tion Section
	Division of C		-	of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000110557 3)))

COX PROTOTYPE E (Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/15/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4150 Skyway Drive
(Principal office address MUST BE A STREET ADDRESS)	Cocoa, FL 32927
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4150 Skyway Drive Cocoa, FL 32927
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City 7.11 Coste-

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	l to manage, <u>en</u>	iter the t	itle, name, and	address of	each person	being	added
or removed from our records:					(((H23000	11055	7 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Cox	4150 Skyway Drive	
		Coeoa, FL 32927	
		 	Change
			□Add
			[]Change
			□Add
			□Remove
			FlChange
			□ Add
			□Remove
			☐Change
			□Add
			LIRemove
			☐ Change
			□Add
			□Remove
			□Change

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