

| - (I                   | Requestor's Name)       |
|------------------------|-------------------------|
|                        | Address)                |
| (/                     | Address)                |
|                        | City/State/Zip/Phone #) |
| PICK-UP                | ☐ WAIT ☐ MAIL           |
| (E                     | Business Entity Name)   |
|                        | 2 A November 2          |
| (L                     | Document Number)        |
| Certified Copies       | Certificates of Status  |
| Special Instructions ( | to Filing Officer:      |
|                        |                         |
|                        |                         |
|                        |                         |
|                        |                         |
|                        |                         |

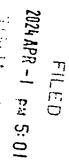




200426516102

04/01/24--01002--025 \*\*25.00

Hlaky Rwhite



## **COVER LETTER**

| TO: Registration S Division of Co |  |   |   |  |  |  |
|-----------------------------------|--|---|---|--|--|--|
| Loras Aero<br>SUBJECT:            | ospace LLC   |   |   |  |  |  |
| SUBJECT:                          | Name of Lim  | ited Liability Company  |   |  |  |  |
|                                   | f Amendment and fee(s) are sub                                     | <u>-</u>  |   |  |  |  |
| ricase return an corresp          |  | to the following.   |   |  |  |  |
|                                   | Jenny Wong   |   |   |  |  |  |
|                                   | <del>.</del>   | Name of Person  |   |  |  |  |
|                                   | Loras Aerospace LLC  |   |   |  |  |  |
|                                   |  | Firm/Company  |   |  |  |  |
|                                   | 513 NE190th Street   |   |   |  |  |  |
|                                   | <del></del>  | Address   |   |  |  |  |
|                                   | Miami 33179  |   |   |  |  |  |
|                                   | City/State and Zip Code  |   |   |  |  |  |
|                                   | jennywong.pro@gmail.con  | n   |   |  |  |  |
|                                   | E-mail address: (to be used for future annual report notification) |   |   |  |  |  |
| For further information           | concerning this matter, please c                                   | all:  |   |  |  |  |
| Jenny Wong                        |  | 786 6567939   |   |  |  |  |
| Name                              | of Person  |   | e Telephone Number  |  |  |  |
| Enclosed is a check for           | the following amount:  |   |   |  |  |  |
| ■ \$25.00 Filing Fee              | S30.00 Filing Fee & Certificate of Status                          | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| Mailine Addre                     | · 284  | Street Address  |   |  |  |  |

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

FILED 2024 APR - 1 PM 5: 0.1

| Loras Aerospace LLC   |                              | 2024 APR -1 PM 5: 01                        |
|---|------------------------------|---|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited L  | ny as it now appears         | on our recorus.)                            |
| (A Florida Limited L  | .iability Company)           | 06/2022                                     |
| he Articles of Organization for this Limited Liability Company  | were filed on 05/0           | and assigned                                |
| lorida document number  |                              |   |
| orida document number   |                              |   |
| his amendment is submitted to amend the following:  |                              |   |
| If amanding name, antar the naw name of the limited liabi   | lity company hor             |   |
| . If amending name, enter the new name of the limited liabi   | иту сопрану пет              | <u>e</u> :                                  |
| oras Ecommerce LLC  |                              |   |
| he new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the des        | ignation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:  |                              |   |
| Principal office address MUST BE A STREET ADDRESS)  |                              | _   |
|   | -                            | <del>-</del>                                |
|   |                              |   |
|   |                              |   |
| nter new mailing address, if applicable:  |                              |   |
| Mailing address MAY BE A POST OFFICE BOX)   |                              |   |
|   |                              |   |
|   |                              |   |
| . If amending the registered agent and/or registered office a   | ddress on our rec            | ords, enter the name of the new regist      |
| gent and/or the new registered office address here:   |                              |   |
|   |                              |   |
| Name of New Registered Agent:   |                              |   |
| New Registered Office Address:  | /                            |   |
| ivew Registered Office Address.   | Enter Florida street address |   |
|   | •                            |   |
|   | City                         | , Florida<br>Zip Code                       |
| Destruction of American Company (Company)   | Cu,                          | zap cow                                     |
| ew Registered Agent's Signature, if changing Registered Agent:  |                              |   |
| hereby accept the appointment as registered agent and agre<br>rovisions of all statutes relative to the proper and complete |                              |   |

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|-------------|-------------|----------------|
|              |             |             | □Add           |
|              |             |             | Remove         |
|              |             | <del></del> | □Change        |
|              |             | <del></del> | □Add           |
|              |             | <del></del> | □Remove        |
|              |             |             | □Change        |
|              |             |             | ☐Add           |
|              |             | □Remove     |                |
|              |             |             | Change         |
|              |             | □Add        |                |
|              |             | □ Remove    |                |
|              |             | □Change     |                |
|              |             | □Add        |                |
|              |             |             | □Remove        |
|              |             | □Change     |                |
|              |             |             | □Add           |
|              |             |             | □Remove        |
|              |             |             | □Change        |

## Page 2 of 3

| <del></del> -               |  |
|-----------------------------|--|
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             | <del></del>  |
|                             | <del></del>  |
| <del></del> -               |  |
|                             |  |
|                             |  |
| (If an effection Note: If t | a, if other than the date of filing:  (optional)  te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a fective date on the Department of State's records. |
| the record<br>) The 90      | becifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of day after the record is filed.   |
| Dated 3-2                   | 2024   |
|                             | Signature of a member or authorized representative of a member   |
|                             |  |