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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

2023 JUL -5 AM 10: 8



COVER LETTER

TO: Registration S Division of Co		4		
SUBJECT:		nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Brian Davis			
		Name of Person		
	V2 Aerospace LLC			
		Firm/Company	····	
	4813 SW23rd AVE			
	V2 AEROSPACE LLC Name of Limited Liability Company			
	Cape Coral, FL 33914			
		City/State and Zip Code		
		to be used for future angual report notice	Gention	
For further information	·	•	iteaconj	
Brian S Davis				
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Statu Certified Copy	
Mailing Addre Registration			ction	
Division of (Corporations	Division of Cor	porations	
			e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar				
(A Florida Limited L	v as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000302883</u> .	were filed on JUNE 23, 20	023	_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbre	viation "L.I	L.C."
Enter new principal offices address, if applicable:		Σķ	2023	
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	
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		(1) C	,	
Enter new mailing address, if applicable:		**1		£
,	-		_ 	
(Mailing address MAY BE A POST OFFICE BOX)	•	<u> </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, g	enter the name o	f the new	register
Name of New Registered Agent: New Registered Office Address:				
• •	Enter Florida street (address		
		address _, Florida	Zin Carle	
	Enter Florida street o		Zip Code	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brian Davis	4813 SW23rd AVE	■Add
		Cape Coral, FL 33914	□Remove
			■ Change
			□ Add
			□Remove
			□Add
			□Remove
			Change
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fective date, if other than the	date of filing:	(optio	onal)
on effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior to date of t ck does not meet the applicable statu	filing or more than 90 days after tory filing requirements, this	filing.) Pursuant to 605,020 date will not be listed a
cument's effective date on the De		,	
ecord 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
is filed.			
02 (11) 37	2022		
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Buran	Signature of a member or authorized repre		··