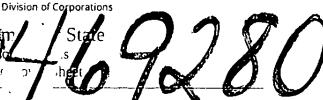
11/6/23, 14:34 AM



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.

(((H23000384898 3)))



H230003848983ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	

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



Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Id Agents Inc.

FILED

2023 NOV-6 PM 8: 14

FALLAHASSEE FLORIOR

Kala Aerospace LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

T	m 10/11/23	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L23000469280		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the ilmited liab	ollity company here:	
Kalara LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbreviation "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 : agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
N D : 1007 All		
New Registered Office Address:	Enter Florida street address	
		Clauda
	City	, Florida Zip Code
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.

1/6/2023 08:37:16 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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
		<u></u>	
			C)Change
			□Add
			□ Add
			S D Change
			SS DChange
			「Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

To: 18506176383

D. If amending any other informa	ation, enter change(s) here: (Attach additiona	ıl sheets, if necessary.)

		128 T
		D. P.
	<u> </u>	ON -6 F
 		
		
	it be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing re	
f the record specifies a delayed effective ecord is filed.	re date, but not an effective time, at 12:01 a.m. on (the earlier of: (b) The 90th day after the
Dated November 6	. 2023	
	Signature of a member or authorized representative of	
	Signature of a member or authorized representative of	a member
Nat Smith		
	Typed or printed name of signee	