Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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 	THE STATE OF THE S	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

mail Address:_____

FLLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAG PRECISION MACHINING GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

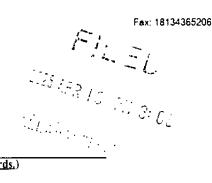
APR 17 2025

Apr 16, 2025 06:13

To: +18506176383

Page: 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PAG Precision Machining Group, LLC

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

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
PADG Precision Machining Group, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 a agent and/or the new registered office address here:	ddress on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida .	treet address
		, Florida Zip Code
	City	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.

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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

Title	<u>Name</u>	<u>Address</u>	Type of Action
***************************************		***************************************	□Add
		<u></u>	□Remove
			□Change
			Oxida
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Effective date, if other than the date of filing: [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 (2 Monte; 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. Exceeding 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 dis filed. Dated April 16th 2025 Signature of a meinber or authorized representative of a member				_			
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Signature of a member or authorized representative of a member	ated April 16th						
Signature of a member or authorized representative of a member		Red	in the	W4/			
		Signature of	a member or author	rzed répresentative	of a member		

Filing Fee: \$25.00