

L24000209709

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPC AEROSPACE, LLC**

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COVER LETTER**TO: Registration Section
Division of Corporations**

H25000266226

SUBJECT: EPC Aerospace, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Prashan I. Ambawatta

Name of PersonEPC Aerospace, LLC

Firm/Company4219 Lindy Circle

AddressOrlando, FL 32827-5345

City/State and Zip Codeprashan.ambawatta@epcaerospace.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

prashan.ambawatta@epcaerospace.com

Name of Person407 617-0611
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H25000266226

EPC Aerospace, 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 05/03/2024 and assigned
Florida document number L24000209709.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

4219 Lindy CircleOrlando, FL 32827-5345

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4219 Lindy CircleOrlando, FL 32827-5345

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Prashan Ambawatta	4219 Lindy Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32827-5345	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Andrew Holder	Thremhall Park, Bishop's Stortford	<input type="checkbox"/> Add
		Hertfordshire, CM227WE, UK OC	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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