8/5/25, 2:04 PM Division of Corporations

M06000004336

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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
BAE SYSTEMS JACKSONVILLE SHIP REPAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

AUG - 7 2025

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: BAE Systems Jacksonville Ship Repair LLC

Enter new principal office 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) _____

_____

2. The Florida document number of this limited liability company is: M06000004336

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 08/04/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: BAE Systems Maritime Solutions Jacksonville LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Joanna Fernandez
Signature of the authorized representative

Joanna Fernandez Attorney-In-Fact

Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BAE SYSTEMS JACKSONVILLE SHIP REPAIR LLC", CHANGING ITS NAME FROM "BAE SYSTEMS JACKSONVILLE SHIP REPAIR LLC" TO "BAE SYSTEMS MARITIME SOLUTIONS JACKSONVILLE LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2025, AT 4:55 O`CLOCK P.M.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4198809 8100
SR# 20253578459

Authentication: 204392018
Date: 08-05-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:55 PM 07/25/2025
FILED 04:55 PM 07/25/2025
SR 20253477512 - File Number 4198809

STATE OF DELAWARE
CERTIFICATE OF AMENDMEN
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is BAE Systems Jacksonville Ship Repair LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is: BAE Systems Maritime Solutions Jacksonville LLC

By: _____
Authorized Person

Name: Michelle Cerda, Special Manager
Print or Type