(Re	equestor's Name)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	ıme)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		J. HORNE APR -7 2023

Office Use Only



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VITAHASSEE FIG

2023 AFR -6 AM 8: 30

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2023 APR -6 AM 10: 13

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	04/06/2023	- w: DW
		Acc#I20160000072	- William
Name:	Amentum Sp	aceport LLC	
Document #:			
Order #:	14871502 - 1		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Availability Document Examiner	Certified: Plain: COGS: Amount: \$	55.00	Email Address for Annual Report Notifications:
Updater Verifier W.P. Verifier Ref#			

Thank you!

COVER LETTER

_	stration sion of C	Section Corporations			
SUBJECT:	PAE-SC	T Partners LLC			
JOINEOT.		Name of Fore	ign Limited Lia	bility Co	mpany
Dear Sir or M	Madam:				
The enclosed	d applica	tion, certificate and fee(s) are submitted	for filing	<u>.</u>
Please return	all corr	espondence concerning t	this matter to the	e followii	ng:
Adam Cook					
		Name of Person	-· <u>-</u> .		
Amentum					
		Firm/Company		_	
4800 Westfiel	ds Blvd, S	Suite 400			
	_	Address		_	
Chantilly, VA	20151				
		City/State and Zip Co	ode	_	
adam.cook@a					
E-mail add	dress: (to	be used for future annu	al report notific	ation)	
For further in	nformati	on concerning this matte	er, please call:		
Carol Drayton	1		at (656-4 ⁴	931
	Name	e of Person	Area Cod	le & Dayt	ime Telephone Number
Regi Divi P.O.	Box 63	Section Corporations		Division The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
Encl □\$25 Filing	Fee	a check for the followin ☐ \$30 Filing Fee & Certificate of Status	🖺 🕱 \$55 Filing	-	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

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)

Size Front (1-4 must be completed)	
Name of limited liability Company as it appears on the records of the Florida Department of PAE-SGT Partners LLC	2023 AF SECRI
State: PAE-SGT Partners LLC	
Enter new principal office address, if applicable:	
(Principal office address	
MUST BE A STREET ADDRESS)	<u>ထု</u> ယ
	<u> </u>
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: M19000002387	
2. The Florida document humber of this inflied hability company is.	
Delaware	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 03/12/2019	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: Amentum Spaceport LLC (must contain "Limited Liability Company "" L. C.	
(must contain "Limited Liability Company, " "L.L.C	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori copy of the written consent of the managers or managing members adopting the alternate name. T must contain "Limited Liability Company," "L.L.C." or "LLC.")	da and attach a he alternate name
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	e of the new
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address. Enter Florida Street Address	
Florida City	Zip Code
Cili	ząr 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 age the provisions of all statutes relative to the proper and complete performance of my duties, and I and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered office address, I hereby confirmability company has been notified in writing of this change.	am familiar with Or, if this

If Changing Registered Agent, Signature of New Registered Agent

		t change:
<u>Name</u>	<u>Address</u>	Type of Action
		□Add
		□Remo
		□Add
		□Remo
		□Add
		Remo
		□Add
		□Remo
		□Add
endment(s), duly authenticated by	the official having custody of records in thized.	□Remo
•	icate, if required: no more than 90 cendment(s), duly authenticated by	cate, if required: no more than 90 days old, evidencing the endment(s), duly authenticated by the official having custody of records in the law of which this entity is greanized

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, 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 'PAE-SGT PARTNERS LLC',

CHANGING ITS NAME FROM "PAE-SGT PARTNERS LLC" TO "AMENTUM

SPACEPORT LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF

MARCH, A.D. 2023, AT 2:49 O'CLOCK P.M.



Authentication: 203048377

Date: 03-31-23

6609122 8100 SR# 20231204572

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:		
The first paragraph in its entirety and i	n of the Certificate of Formation of Preplaced with:	AE-SGT Partners LLC, is to be dele
	imited liability company is Amentur	n Spaceport LLC."
The name of the I		
I" The name of the I		
The name of the l		
The name of the I		
	WHEREOF, the undersigned	have executed this Certificate o
	WHEREOF, the undersigned day of March	have executed this Certificate of the contract
IN WITNESS	day of March	, A.D. <u>2023</u>
IN WITNESS	day of March	