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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

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COVER LETTER

	istration Section sion of Corporatio	ons			:	•
SUBJECT	MAC AEROSPAC	E GROUP LLC				
SUBJECT:	·	Name of Lim	nited Liability Com	ipany		
The enclosed	Articles of Amend	ment and fee(s) are sub	omitted for filing.			
Please return	all correspondence	concerning this matter	to the following	:		
	JES	SSICA TORRES				
			Name of P	erson		-
	TA	X CARE KENDALL				
			Firm/Com	pany		•
13436 SW 62ND STREET UNIT H-105						
			Addres	S		•
	MI	AMI FL 33183				
	iessi	ca.torres@taxcareinc.c	City/State and 7	lip Code		•
		-		re annual report notif	ication)	
For further in	formation concerni	ng this matter, please ca	ali:			
Jessica Torre	s		786 at (845-8854		
	Name of Person	•	Area C	ode Daytime	Telephone Number	;
Enclosed is a	check for the follo	wing amount:				
■ \$25.00 F		30.00 Filing Fee & Certificate of Status	S55,00 Fil Certified (additional		Certified	te of Status &
Reg Div P.O	ling Address: distration Section distration of Corpora Box 6327 ahassee, FL 323	itions		Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAC AEROSPACE GROUP LLC			_
(Name of the Limited Lia (A Fig.	hility Company as it now appears on our records.) anda Limuted Liability Company)		
he Articles of Organization for this Limited Liability	y Company were filed on 01/20/2023	and	assigned
orida document number L23000027932	·		
is amendment is submitted to amend the following	:		
If amending name, enter the new name of the l	imited liability company here:		
IAS AEROSPACE GROUP LLC			
e new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the ab	breviation	"L.L.C."
nter new principal offices address, if applicable:		<u>_</u>	.
Principal office address MUST BE A STREET AD	DRESS)		
		•	
nter new mailing address, if applicable:			<u> </u>
Aailing address MAY BE A POST OFFICE BOX)			
	•		
. If amending the registered agent and/or registe	ered office address on our records, enter the nam	e of the	new regis
gent and/or the new registered office address her		•	قتة
			:
Name of New Registered Agent:			<u> </u>
Name of New Registered Agent.		-	- I-
New Registered Office Address:		<u></u>	<u> </u> 무
	Enter Florida street address	7	
	, Florida	z.1	_
	City	Zip Ce	xde

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 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>	Name	Address	Type of Action
			🗀 Add
			Remove
			☐ Change

			□Remove
			□ Change
			□Add
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Effective date, if other than the fan effective date is listed, the date many the list of the date inserted in this bedocument's effective date on the I	lock does not meet the app	licable statutory filing red	(optional) nan 90 days after filing.) Pursu quirements, this date will n	ant to 605,020 of be listed as
e record specifies a delayed effecti rd is filed.	ve date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
Dated May 16.		·		
	<u> </u>	0 = 1 0		
	- ()anna (Iniina	/ IIATINA A .	109	
***************************************	Oscar Javies Signature of a pyrmber or au	thorized representative of a	njember	

Filing Fee: \$25.00