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J. SAULSBERRY EXAMINER

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COVER LETTER

10.	Division of Cor			
SUBJE	CT:	Perception IR	Manufacturing, LLC	
			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	return all correspo	ondence concerning this matter	r to the following:	
,		Andrew Wilson		
			Name of Person	
	F3 Applied Technologies, LLC			
			Firm/Company	Ď. 2
		5208 Kernwood Ct		
			Address	2011 DEC 12 SECRETARY ALLAHASSI
		P	alm Harbor, FL 34685	[T] - 7 1
			City/State and Zip Code	
		F-mail address: (andy@taccom.us to be used for future annual report notification)	ORIE 92.5
For furt	her information o	concerning this matter, please of	·	<u> </u>
	An	drew Wilson	at (727) 488-	9926
	Name o	of Person	Area Code & Daytime Telep	hone Number
Enclose	d is a check for t	he 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center Country Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perception (Name of the Limited Liabil	NIK Manufacturing, LLC	our records)	
(A Florid	lity Company as it now appears or la Limited Liability Company)	Tour records.	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on Sept	ember 25, 2009 and assigned	
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:		
F3 Appl	ied Technologies, LLC		
The new name must be distinguishable and end with the v	vords "Limited Liability Company,"	'the designation "LLC" or the abbreviation	
"L.L.C."	•	7 Za	
Enter new principal offices address, if applicable:		2011 [SEC TALL)	
(Principal office address MUST BE A STREET AD	DRESS)	HE DEC	
		(%) 12 1 - 12 12 12 12 12 12 12	
		79 A 17	
Enter new mailing address, if applicable:			
		Tivil O	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	<u></u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the new	
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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Type of Action Title Name** Address **MGR Eric Nunes** ☐ Add 27427 Skylake Circle Wesley Chapel, FL 33544 ∇ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove $\prod Add$ Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 9 2011 Dated_ Signature of a member or authorized representative of a member **Andrew Wilson**

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00