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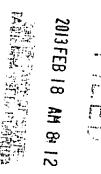
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J. SAULSBERRY EXAMINER FEB 20 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SHR IFCT.

MICRODYNAMICS INSTRUMENTATION 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:

SARFRAZ K. HABIBI

Name of Person

MICRODYNAMICS INSTRUMENTATION LLC

Firm/Company

118 RABUN CT

Address

SANFORD FL 32773

City/State and Zip Code

MD8000X@HOTMAIL.COM

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

For further information concerning this matter, please call:

SARFRAZ K. HABIBI

_{.,}407、321**-**9215

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MICRODYNAMICS INSTRUMENTATION 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 NOVEN	MBER 20,2012 and assigned
Florida document number L12000146302	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
		FCB TO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our red ddress here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Flo	orida street address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	SARFRAZ K. HABIBI	118 RABUN CT SANFORD FL 32773	Add
			Remove
MGR	SARFRAZ K. HABIBI	118 RABUN CT, SANFORD FL 32773	Add
			Remove
			Add
			Remove
		(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Add
	· ·	And The Control of th	Remove
			Add
			Remove
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			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	ed FEBRUARY 16, 2013
	Signature of a whose and the dead appropriation of a mambar
	SARFRAZ K. HABIBI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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