

06/06/2018  
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ADAMS GALLINAR RA  
Division of Corporations

PAGE 01/05

**L130001743183**

**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 : AGI REGISTERED AGENTS, INC.  
Account Number : 120000000205  
Phone : (305) 416-6800  
Fax Number : (305) 416-6811

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**\*\*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  
LASER MANUFACTURING TECHNOLOGY & SUPPORT, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

AUG 06 2018  
D. BUTLER

**COVER LETTER**

((H13000174318 3))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Laser Manufacturing Technology & Support, 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:

**Diane M. Hernandez**  
Name of Person

**Adams Gallinar, P.A.**  
Firm/Company

**1000 Brickell Avenue, Suite 300**  
Address

**Miami, Florida 33131**  
City/State and Zip Code

**dhernandez@agilaw.com**  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

For further information concerning this matter, please call:

**Diane M. Hernandez** at **305 416-6800**  
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H13000174318 3))

LASER MANUFACTURING TECHNOLOGY & SUPPORT, 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 JULY 16, 2013 and assigned Florida document number L13000100876

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LASER TECHNOLOGY MANUFACTURING & SUPPORT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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 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

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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: ((H13000174318 3))

MGR = Manager  
MGRM = Managing Member

Title                      Name                                      Address                                      Type of Action

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add    |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add    |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add    |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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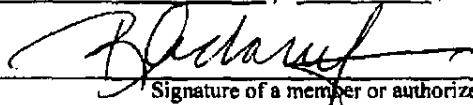


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Dated August 6, 2013



Signature of a member or authorized representative of a member

**Robert R. Adams, Authorized Signatory**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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