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H203000781463ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BURKE FAULKNER LAW, P.A.

Account Number : I20150000064 Phone : (727)781-7428 Fax Number : (727)214-2814

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZEROKS USA, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H200000781463

Zeroks USA, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L13000171041 This amendment is submitted to amend the following:	were filed on December 11, 2013	and ass	signed
A. If amending name, enter the new name of the limited liab	ility company here:		o i
Milestone Automation Systems, LLC		•	Z
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "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 agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the ne	w registered
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		

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.

_ 🗆 Add

_ 🗆 Remove

Change

_ 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 = Ma	nnager uthorized Member		H200000781463
Title	<u>Name</u>	Address	Type of Action
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			Change
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If the date inserted in this	the date of filing: must be specific and enunct be prior to date s block does not meet the applicable sta e Department of State's records.	of filing or more than 90 days after fi authory filing requirements, this c	ling) Pursua	int to:695 it be liste
ileq uq abeolijisa å qajakëq ette	știvo date, but not an effective time, at	12:01.a.m. on the earlier of: (6)	The 90th	day afie:
March 9	2020			
///	<u> </u>			
The Mark	Signature of a member or authorized r			