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DATE:

10/29/14

NAME:

MATRIX MACHINING & MANUFACTURING LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATRIX MACHINING & MANUFACTURING LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
of Organization for this Limited Liability Company were filed on October 10, 2014	and as
ment number L14000158761	

The Articles of Organization for this Limited Florida document number L14000158761		and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	re:
The new name must be distinguishable and end with the	te words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable;	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Enter new maining address, it appricable: (Mailing address MAY BB A POST OFFICE		
(MARIEN BUSINESS IN AL DE ATOST OFFICE	<u> </u>	
	·	124
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on office address here:	our records, enter the name of the neve
Name of New Registered Agent:	Gary M. Krasna, P.A.	29 P
New Registered Office Address:	1900 NW Corporate Blvd., S	
		Same daures
•	Boca Raton	, Florida 33431
	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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action	
MGR	Dan Hale	2311 Bay Blvd.		
	·	Indian Rocks, FL 33785	Remove	
MGR	Clarence H. Barnes	4 Schindler Place	B Add	
		New Providence, NJ 07974	□ Remove	
			D Add	
	. *	1	□ Remove	
				
			DAdd	
			□ Remove (4)	
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If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
Possetive data is athough the data of silvery	(auttoral)
The effective date must be specific, cannot be prior to date of receipt or filed date and or the date this document is filed by the Florida Department of State)	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and or the date this document is filed by the Florida Department of State)	
The effective date must be specific, cannot be prior to date of receipt or filed date and or the date this document is filed by the Florida Department of State)	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State) Dated October 29 Plignature of a member or suthorized represent	innot be more than 90 days after

Page 3 of 3

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