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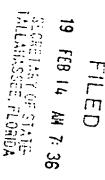
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## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: Mile	2319ht Tech	nology VSA L	LC
Na	me of Florida Limited Par	tnership of Limited Liabilit	y Limited Partnership
The enclosed Certific	cate of Amendment ar	nd fee(s) are submitted	for filing.
Please return all corr	espondence concernin	ig this matter to:	
Mich	ael K. Sla	ck	
	Contact Person	1	•
Milesis	nt Techno Firm/Company	logy USA L	- <b>(</b> -C
	oth Aug #10		
	tity, State and Zip Code		
(	ity, State and Zip Code		
Michael. S	lack @ mile	esight VSA. (	)M
E-mail address: (to	be used for future annual	report notification)	
For further informati	on concerning this ma	itter, please call:	
Michael S	lack	_at ( <u>585</u> ) 6	83-7199
Name of Contac	et Person	Area Code and Days	ime Telephone Number
Enclosed is a check f	or the following amou	int:	
☐ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporat	ions	Division of C	
Clifton Building 2661 Executive Cent	or Cirola	P. O. Box 63	<del>-</del> :
Tallahassee, FL 3239		Tallahassee,	FL 32314

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mile Sight Technology USALLC 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:
Milesight Technology USA LLC Firm/Company
5023 W 120th AVE
Broomfield, CO 80020 - 5606  City/State and Zip Code
michael. Slack @ milesight USA. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Slack at 585 683-7199  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
\$ 105 alverdy sent - sending additional \$10.
MAILING ADDRESS: STREET/COURIED ADDRESS:

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

Milesight Technology	
(A Florida Limited Liability Companied Liability Companied Liability Companied Liability Companies (A Florida Limited Liability Companies)	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number	vere filed on 10/15/2015 and assigned
This amendment is submitted to amend the following:	(A)
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	220 NE 51ST ST
(Principal office address MUST BE A STREET ADDRESS)	OaklandPark
	FL 33334
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5023 W 120th AVE #143 Broomfield, co 80020-5606
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	that Slack
New Registered Office Address: 220	NE 51 ST ST  Enter Florida street address
Oak	land Park, Florida 33334  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

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 =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
MGR	Leon Chlimper	7509 NW 36+4 ST	
		Miami, FL 33166	Remove
			Change
MGR	Mauricio Salmon	7509 NW 36+4 ST	O Add
		Miami, FL 33/66	Remove
			☐ Change
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			Change

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record specifi he 90th day a	es a delayed effectively in the record is file	ve date, but not a ed.	n effective time, at 1	2:01 a.m. on the ear	rlier of:
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Page 3 of 3

Filing Fee: \$25.00