5/31/2016 11:02:19 AM From: To: 8506176383(1/5)

Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000132754 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (850)205-8842 Fax Number : (850)878-5368

**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 WPI-TAG ACQUISITION, LLC

Certificate of Status Certified Copy 0 05 Page Count \$25.00 Estimated Charge

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J. HARRIS

5/31/2016 11:02:19 AM From: To: 8506176383(2/5)

COVER LETTER

	Registration Sec Division of Corp						
SUBJEC		WPI-TAG Acquisition, LLC Name of Limited Liability Company					
SUBJEC	.1:						
The enclo	osed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please ret	turn all correspon	ndence concerning this matter	to the following:				
		Thomas Munzenberger					
	Name of Person						
	Dickinson Wright PLLC						
Firm/Company							
500 Woodward Ave., Suite 4000							
	Address Detroit, MI 48226						
	City/State and Zip Code						
		fi-mail address: (to be used for future annual report notif	cation)			
For furthe	r information co	ncerning this matter, please co	ail:				
Thomas I	Munzenberger		313 223-3500				
	Name of	Person		Telephone Number			
Enclosed	is a check for the	e following amount:					
□ \$25.0	0 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

5/31/2016 11:02:19 AM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WPI-TAG Acquisition, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it new appears on our Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company	y were filed on March 1, 2	2016 and assigned		
Florida document number L16000041435				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	bility company here:			
World Precision Instruments, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
		全点 之		
Enter new mailing address, if applicable:		<u>ο</u> <u>ω</u> <u>Ξ</u>		
Mailing address MAY BE A POST OFFICE BOX)		TO TO THE		
		OR: 5		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address between the control of	office address on our r re:	records, enter the name of the		
Name of New Registered Agent:				
Nov. Books and Office Address.				
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 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

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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		
			Add		
			□ Remove		
			□ Change		
			□ Add		
			☐ Remove		
			☐ Change		
			□ Add		
			□ Remove		
			☐ Change		
			Add		
			□ Remove		
			☐ Change		
			A SO CO Add		
		****	D Remove		
			SSE Change		
			S N D Add		
			□ Remove		
			☐ Change		

5/31/2016 11:02:19 AM From: To: 8506176383(5/5) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.