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COVER LETTER

TO: Registration Section
Division of Corporations

DMD SUBJECT:	Force Measurement Systems LLC.					
30 13 1.C1	Name of Limited Liability Company					
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.					
Please return all co	orrespondence concerning this matter to the following:					
	Donald Matthews					
	Name of Person					
	DMD Force Measurement Systems LLC.					
	4601 49th Street North					
	Address					
	City/State and Zip Code					
	don@dmdfms.com	7				
	E-mail address: (to be used for future annual report notification)					
For further informa	ation concerning this matter, please call:	; ; 				
Donald Matthews						
1	Name of Person					
Enclosed is a check	k for the following amount:	•				
■ \$25.00 Filing l	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy				

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMD Force Measurement Systems LLC.		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
Torida document number 1.16000224369	·	
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words.	'Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
		, ,
3. If amending the registered agent and/or regist	The state of the s	e name of the new regist
gent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		<u>a</u>
New Registered Office Address:		- ;
stegisterett yrnes ruttages.	Enter Florida street address	
	. Flori	da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHOOSMITH, MARC	4601 49TH STREET NORTH	
		ST. PETERSBURG, FL 33709 UN	■Remove
			□ Change
			Remove
			□Change
			□Add
			☐Remove:
			☐ Change ☐
			☐Remove ^G
			☐ Change
			□Add
			□Remove
			□Change
			□Remove

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. Dated _____ Sth Signature of a member of authorized representative of a member Donald Matthews Typed or printed name of signee

Filing Fee: \$25.00