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Division of Corporations

Fax Number : (850)617-6383

From:

mam. SANZ

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & GARRO LLP

Account Number : I20070000136 Phone : (305)779-3560 Fax Number : (786)664-3375

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATECH AUTHENTICATION TECHNOLOGY, LLC

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: AVILA LLP

1

ATECH AUT	HENTICATION TECHNOLOGY, LLC		
(<u>Nume of the Limited Lis</u> (A Fic	chility Company as it now appears on our records.) orida Limited Liability Company)		_
The Articles of Organization for this Limited Liabilit	y Company were filed on May 22, 2001	and	assigned
Florida document number L17000151665	·		
This amendment is submitted to amend the following	3.		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words."	Limited Liability Company," the designation "ULC" or the	abbrevistion	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	71123
B. If amending the registered agent and/or registe	ered office address on our records, <u>enter the na</u>	ne of the	new registere
agent and/or the new registered office address her	<u>e</u> :		
			•
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
Now Designated Office Address			
New Registered Office Address:	Enter Florida street address		80
	, Florida		
	City	Zip Co.	de

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	Name	Address	Type of Action
MGR	ROBERT H. SEADON	3529 NW 82 A VENUE	🗀 Add
		DORAL, FL 33122	■ Remove
			☐ Change
MGR	HOMERO VILLELA DE ANDRADE FILHO	3529 NW 82 AVENUE	DbbA
	DORAL, FL 33122		
		☐ Change	
			D∧dd
		□Remove	
		☐ Change	
		🗀 Āðd	
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	705	☐ Remove	
			□Change
		□Add	
		□Remove	
			Change

To:

Signature of a member conditionard representative of a member

Typed or printed name of signer

HOMERO VILLELA DE ANDRADE FILHO