for ide Department of State Division of Eding Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name | UNITED ACENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Pax Number : (561)694-1639

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

Emmil Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCHROEDER MEASUREMENT TECHNOLOGIES, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHROEDER MEASUREMENT TECHN	OLOGIES, LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Florida document number L19000013929	Company were filed on 01/09/201	9	_ and assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbre	eviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	DRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			232855	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our record: e:	s, enter the name	of the new	registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet 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

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>	Name	Address	Type of Action
MNGR	LEE L SCHROEDER	25400 U.S. HWY 19 N, STE 285	□ Add
<u>_</u>		CLEARWATER, FL 33763	≣R∉move
			□Change
MBR	Prometric LLC	1501 S. Clinton Street	≣ Add
		Baltimore, MD 21224	□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			Remove
			⊡ Change
			DAdd
			□Remove
			□ Change

mange	ed by one (1) member and is, therefore, a member-managed company."
Article	e V is amended to read as follows "Article V Members The name and address of each Member of the
	ed Liability Company is: Prometric LLC, 1501 S. Clinton Street, Baltimore, MD 21224"
	
effective e: If th	date, if other than the date of filing: e 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
ed	ruary 25th 2020

Filing Fee: \$25.00