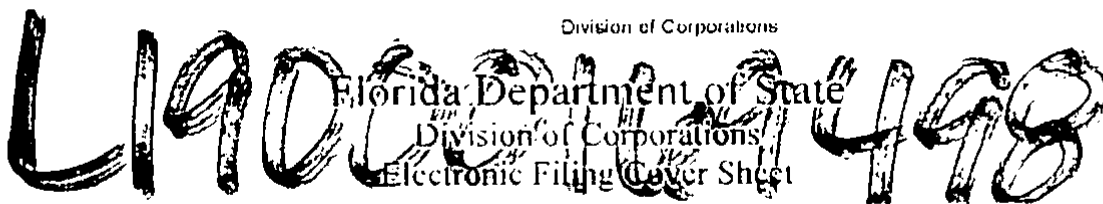


7/15/2019

Division of Corporations



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

((H190002133573))



H190002133573ABC\*

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

19 JUL 15 AM 11:26  
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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

\*\*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  
 MICRO MO ELECTRONICS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

19 JUL 15 AM 10:27  
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICRO MO ELECTRONICS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

06/26/2019

The Articles of Organization for this Limited Liability Company were filed on effective 8/31/1981 and assigned Florida document number L19000169498

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FAULHABER Micro Mo LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida street address

Plantation, Florida 33324

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. (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.

Stephanie Hencz

Stephanie Hencz Assistant Secretary

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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                                  | <u>Type of Action</u>                      |
|--------------|--------------------|---|--|
| AMBR         | PAULHABER Inc.     | 14881 Evergreen Avenue,<br>Clearwater, FL 33762 | <input checked="" type="checkbox"/> Add    |
|              |                    |   | <input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Change            |
| MGR          | Ping Pan Faulhaber | 14881 Evergreen Avenue,<br>Clearwater, FL 33762 | <input type="checkbox"/> Add               |
|              |                    |   | <input checked="" type="checkbox"/> Remove |
|              |                    |   | <input type="checkbox"/> Change            |
| MGR          | Dodd Disler        | 14881 Evergreen Avenue,<br>Clearwater, FL 33762 | <input type="checkbox"/> Add               |
|              |                    |   | <input checked="" type="checkbox"/> Remove |
|              |                    |   | <input type="checkbox"/> Change            |
|              |                    |   | <input type="checkbox"/> Add               |
|              |                    |   | <input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Change            |
|              |                    |   | <input type="checkbox"/> Add               |
|              |                    |   | <input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

Multiple horizontal lines for amending information.

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 603.0207 (1)(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 July 15, 2019

Handwritten signature of Gent Frach-Walter

Signature of a member or authorized representative of a member

Gent Frach-Walter, President

Typed or printed name of signer

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