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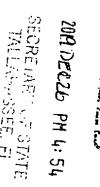
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TO:

Registration Section

Division of Cor	porations 4	<i>;</i>	
RBMagnet	ies, LLC	,	
SUBJECT:	Name of Lin	uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Perry Douglas West, Esq.		
		Name of Person	
	Accel IP Law PLLC		
		Firm/Company	
	PO BOX 427		
		Address	·
	COCOA, FL 32923		
		City/State and Zip Code	
	pwest@acceliplaw.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
Perry Douglas West, Esc		321 4177125	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ie following amount:		
□ \$25.00 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 S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBMagnetics, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company with Florida document number $\frac{L19000291717}{L19000291717}$.	vere filed on November 25, 20	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	P
3D Magnetics, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	" or the abbreviation " C."
Enter new principal offices address, if applicable:		26
(Principal office address MUST BE A STREET ADDRESS)		- 00 P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		:54 FL
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	v
	E	• •
	Cuy , F10	orida 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
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			□Remove
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			□Remove
			Change
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(If an effe <u>Note:</u>	we date, if other than the date of filing:	Pursuant to 60, will not be list	5.0207 (3)(1 ted as the
the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Thord.	90th day afte	er the
Dated_	December 19 2019		
	Signature of a member or authorized representative of a member		
	Perty Douglas West, Esq.		
	Typed or printed name of signce	<u> </u>	

Filing Fee: \$25.00