

MI300008026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

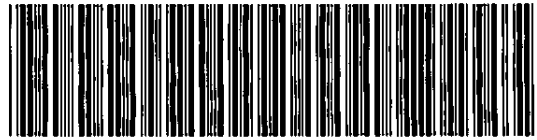
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 14 PM 4:28
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2015 SEP 14 A 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2015

3 MASON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 781954 7925111
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : September 11, 2015
ORDER TIME : 3:29 PM
ORDER NO. : 781954-005
CUSTOMER NO: 7925111

FOREIGN FILINGS

NAME: VEILED TECHNOLOGIES, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: VEILED TECHNOLOGIES, LLC
2. The Florida document number of this limited liability company is: M13000008026
3. Jurisdiction of its organization: DE
4. Date authorized to do business in Florida: 12/9/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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: _____

New Registered Office Address: _____

Enter Florida Street 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction on: _____


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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PETER RUNG	17633 GUNN HIGHWAY HWY # 1 ODESSA, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Edward J Schnyder	17633 GUNN HIGHWAY HWY # 1 ODESSA, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Dennis D'Amico	17633 GUNN HIGHWAY HWY # 1 ODESSA, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Mary Clare Ryan	17633 GUNN HIGHWAY HWY # 1 ODESSA, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	US Panther Family Trust	17633 GUNN HIGHWAY HWY # 1 ODESSA, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	ID RANK SECURITY, INC	17633 GUN HIGHWAY HWY #188 ODESSA, FL 33556	<input type="checkbox"/> REMOVE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Peter Rung, Manager

 Typed or printed name of signee

Filing Fee: \$25.00

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