Division of Corporations Electronic Filing Cover Sheet

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(((H11000163086 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

\*\*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 AMERICAN ALARM SYSTEMS, LLC

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## **COVER LETTER**

H11000163084

TO:	Registration Division of C		(* * * * * * * * * * * * * * * * * * *
SUBIR	SCT:	AMERICAN ALARM SYST	EMS, LLC
			ited Liability Company
The an	closed Articles	of Amendment and fee(s) are su	bmixed for filing.
Please	return all corres	ettem zich gnimsence venschneu	r to the following:
		MAR	K D. COHEN
		** *** <u>****</u>	Name of Person
		MAR	K D. COHEN. P.A.
	1		Firm/Company
	í	400	O Hollywood Blvd., Ste. 435 So.
			Address
		Тон	Tywood, FL 33021
		mde	City/State and Zip Gode Ohenpa@yahoo.com
			to be used for future annual report notification)
For furt	tter information	concerning this matter, please of	eall:
*	MARK	D. COHEN	954 962-1166
Name of Person		of Person	Area Code & Daytime Tcluphone Number
Enclose	d is a check for	the following amount:	
<b>\$25</b> .	00 Filing Fee	Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Stams & Certified Copy (additional copy is enclosed)

MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Regularion Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H11000163086

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 JUN 20 AM 9: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMERICAN ALARM SYSTEMS, LLC

(Name of the Limited Liability Compa (A Florida Limited	Dy as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on 8/17/10 and assigned		
Florida document number <u>L10000086667</u>	•		
This amendment is submitted to amond the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and and with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	3811 S.W. 47th Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Davie, Fl 33314		
Enter new mailing address, if applicable:	13811 S.W. 47th Ave		
(Mailing address MAY BE A POST OFFICE BOX)	Davie, FL 33314		
registered agent and/or the new registered office address he	Mice address on our records, enter the name of the new 12:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Floridu street address		
	Worlds		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent	2		
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	olete performunce of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is		
If Changing Registered Agent, Strunture of New Registered Agent			
Page	I of 2		

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# N8080100011H

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MCR = Manager MCRM = Managing Member

<u> Vitle</u>	<u>Name</u>	Address	Type of Action
MGRM	HOLLY SAWICKI	3811 S.W. 47th Ave.  Davie, FL 33314	Add Remove CORRECT MAILING ADDRESS FOR MCRM Add Remove
············			Add Remove
			Add Remove
			Add   Remove
D. If amen	ding any other information, e	enter change(s) here: (Anach additional sheets, if nec	essary.)
Dated	ne.20		
	Signature	of a member of a member MARKAD. COHEN  Typed or printed nume of signee	

Page 2 of 2

Filing Fee: \$25.00

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