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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 Phone : (954)389-1333 : (954)389-1397 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICIT SECURITY GROUP HOLDING LLC

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Certificate of Status	1,
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	The state of the s
ICIT SECUR	ITY GROUP HOLDING LLC	6 J
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company)	The state of the s
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/1/11	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BEA STREET ADDRESS AND ADDRESS ADDRESS ASTREET ASTREET ADDRESS ASTREET ASTREET ASTREET ADDRESS ASTREET AS		
Euter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
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

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

Title	<u>Name</u>	Address	Type of Action
MOR	GABRIEL S. DIAZ-SARMIENTO	5600 SW 135 AVE.	
		202A	■ Remove
		MIAMI, FL 33183	☐ Change
ΑP	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	Add
		SUITE 4	□ Remove
		WESTON, FL 33331	☐ Change
			D Add
			□ Remove
			☐ Change
			Remove
			Change
			TASS 55
			□ Remove
			Change S
			🖸 Remove
			☐ Change

D.

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces,	sary.)
	
	,
E. Effective date, if other than the date of filing: (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 8 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this adocument's effective date on the Department of State's records.	nal) iling.) Pursuant to 605.0207 (3)(b) date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a. (b) The 90th day after the record is filed.	m, on the earlier of:
Dated May 14 , 2015	70 =
	ALL: H
Signature of a member or authorized representative of a member	SSEY DO SEE
VANESA PIEDRAHITA Typed or printed name of signee	
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Filing Fee: \$25.00