L13000168467

| (Re | equestor's Name) | |
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| (Ad | ddress) | |
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| (C | ty/State/Zip/Phone # | f) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Name |)) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| Divi | ision of Corp | orations | | |
|----------------|-----------------|--|---|---|
| | SECURITY | ONE OF FLORIDA LLC | | |
| SUBJECT: | | | ted Liability Company | |
| | | | | |
| The enclosed | l Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | BRONIC J. ZAGROBELN | ïΥ | |
| | | | Name of Person | |
| | | | | |
| | | , - | Firm/Company | |
| | | 3100 SE PRUITT RD., AP | T G-107 | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| • | | PORT SAINT LUCIE, FL | 34952 | |
| | | | City/State and Zip Code | |
| | | BRONIC@LIVE.COM | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in | nformation co | ncerning this matter, please ca | all: | |
| BRONIC J. | ZAGROBEL | NY | 561 427-1700 at () | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Evalored in | a abaak far the | - following amount: | | |
| | | e following amount: | | |
| □ \$25.00 F | 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:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SECURITY ONE OF FLORIDA L (Name of the Limit | - | iny as it now appears on our records.) Liability Company) | |
|---|----------------------------------|--|---------------------|
| The Articles of Organization for this Limited Lipida document number L13000168467 | | | and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | oility company here: | |
| The new name must be distinguishable and contain the w | vords "Limited Liabi | lity Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 3100 SE PRUITT RD, APT G-107 | |
| (Principal office address MUST BE A STREET ADDRESS) | | PORT SAINT LUCIE, FL 34952 | |
| Enter new mailing address, if applicable: | | 3100 SE PRUITT RD, APT G-107 | 15 SE FALLA |
| (Mailing address MAY BE A POST OFFICE BOX) | | PORT SAINT LUCIE, FL 34952 | AHASS. |
| B. If amending the registered agent and registered agent and/or the new registered or | or registered office address her | ffice address on our records, enter | सुन के ग |
| Name of New Registered Agent: | BRONIC J. ZA | AGROBELNY | |
| New Registered Office Address: | 3100 SE PRUI | TT RD, APT G-107 | |
| | | Enter Florida street address | |

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.

City

PORT SAINT LUCIE

Browne Jacob Viry

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 | <u>Address</u> | Type of Action |
|-------------------------|-----------------------|----------------------------|---|
| MGR | EACHUS, BEN R | 700 E. BOYNTON BCH BLVD | |
| | | APT #608 | ■ Remove |
| | | BOYNTON BEACH, FL 33435 | ☐ Change |
| MGR ZAGROBELN | ZAGROBELNY, BRONIC J. | 3100 SE PRUITT RD | |
| | | APT #G-107 | ☐ Remove |
| | | PORT SAINT LUCIE, FL 34952 | As Gange |
| MGR JONES, GEORGE D, JR | JONES, GEORGE D, JR | 674 NW LIBRARY COMMONS V | SEP AND |
| | | BOCA RATON, FL 33432 | SET OF REMOVE |
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| | | · | ☐ Change |

| Also enclosed are the following forms; to validate the changes of Members and Registered Agent: - Statement of Resignation of Registered Agent for George D. Jones, In - Dissociation or Resignation of Member, Manager for George D. Jones, In - Dissociation or Resignation of Member, Manager for Ben R. Eachus E. Effective date, if other than the date of filing: (If an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed as a 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 SEPTEMBER 9 Typed or printed name of signce Typed or printed name of signce | D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| the Changes of Members and Registered Agent: - Statement of Resignation of Registered Agent for George D. Jones, Jr. - Dissociation or Resignation of Member, Manager for George D. Jones, Jr. - Dissociation ov Resignation of Member, Manager for Ben R. Eachus Eachus E. Effective date, if other than the date of filing: (If an effective date is liked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed as to 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 filled. Dated SEPTEMBER 9 2015 Signature of the record and presentative of a member GEORGE D JONES, JR | |
| - Statement of Resignation of Registered Agent for George D. Jones, Jr. - Dissociation or Resignation of Member, Manager for George D. Jones, Jr. - Dissociation or Resignation of Member, Manager for Ben R. Eachus E. Effective date, if other than the date of filing: (If an effective date is isked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed as a 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 filled. Dated SEPTEMBER 9 2015 | |
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Page 3 of 3

Filing Fee: \$25.00