B03000000246

	· — — — — — · · · · · · · · · · · · · ·	
(F	Requestor's Name)	
(<i>f</i>	Address)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer	

Office Use Only



400338483634

12/30/19--01001--008 **52.50

MIN DEC 27 FM 3 55

2019 EEC 27 PK 1: 0

K. SALY DEC 3 () 2019

CORPORATE

When you need ACCESS to the world

ACCESS, INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

			WALKIN
		PICK U	UP: 12/18/2019
	□ xx	CERTIFIED COPY PHOTOCOPY	
		cus	
	хx	FILING	AMENDMENT
1.		SECURITY ALARM FINA (CORPORATE NAME AND DOCUME)	NCING ENTERPRISES, L.P.
2.		(CORPORATE NAME AND DOCUME	NT #)
3.		(CORPORATE NAME AND DOCUME	NT #)
4.		(CORPORATE NAME AND DOCUME	NT #)
5.		(CORPORATE NAME AND DOCUME	NT #)
6.		(CORPORATE NAME AND DOCUME)	NT #)
	ECIAI TRU	L CCTIONS:	



LIMITED LIABILITY LIMITED PARTNERSHIP



1. The name of the limited partnership or limite the Florida Department of State is: SECURITY ALARM FINANCING ENTERPRISES, L.P.	ed liability limited partnership as it appears on the records of
2. Document Number of Foreign Limited Partne	ership or Limited Liability Limited Partnership: B03000000246
2. The jurisdiction of its formation is: CALIFORNIA	
3. The date the entity was authorized to transac	t business in Florida is: 06/29/1998
4. If the amendment changes the name of the little new name: A3 SMART HOME LP	mited partnership or limited liability limited partnership, enter
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi LLLP.	ed Partnership. Limited, L.P., LP, or Ltd. ip suffixes: Limited Liability Limited Partnership, L.L.L.P. or
5. If the amendment changes the general partne Name:	er(s), list the name and business address of each general partner: <u>Business Address:</u>
	☐Remove ☐Change
	∏Add
	Remove Change
	Add
	☐Remove ☐Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: 7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: 8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box: The entity elects to be a limited liability limited partnership. The entity is no longer a limited liability limited partnership. 9. Attached is an original certificate, no more than 90 days olds, 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. 10. 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 filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Signature of a general partner:

Typed or printed name:

Michael Hetke, Authorized Person for SAFE GP DRE, LLC, Partner

Filing Fee:

\$52.50

Certified Copy (optional):

\$52.50

Certificate of Status (optional): \$8,75

LP-2

Amendment to Certificate of Limited Partnership (LP)

To charge information of record for your LP, fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

Items 3-7: Only fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED
Secretary of State
State of California

SEP 13 2019 2

CC

es if you need more space or need to include any other matters.				This Spec	os For Office U	Jse Onlý
For	r questions about this	form, go to	www.sos.ca.g	ov/business/be/filing-tips.t		;
LP's File No. (based	LP's File No. (based by CA Secretary of State) (2) LP's Exact Name (on the with CA Secre					
400040	20000		Security	Alarm Financing Ent	emrises	I D
199818200002 Security Alarm Financing Enterpris						L
LP Name			<u> </u>			
A3 Smart Home	LP					
Proposed New LP Name) The	new LP nar	me; must end w insurance, "trust	fth; "Limited Partnership," "L ," "trustee," incorporated," "inc	P, or L.P., corporation	and may not n," or "comp."
LP Addresses						
8					CA	
Street Address of Des	igneted Office in CA			City (no ebbreviations)	State	Zip
MaiEng Address of LP	, if different from 4e	<u>.</u>		City (no abbreviations)	Stato	Złp
Agent/Address for Se	rvice of Process (The	agent must b	e a CA resident d	r qualified 1505 corporation is	n CA.)	
8						
Agent's Name						
b.	s (If egent is not a corpor			Other (the subbrand of the sub-	CA	7/-
мфана эл ом илтов	3 (it affaux to not a coupor	#UUI)		City (no abbraviations)	State	Zip
eral Partner Changes						
 a. New general partners 				Zac. Var. 1881 - Janiera		
	Namo	Add/843		City (no abbreviations)	State	ZIp
b. Address change:	Name	Haw Addre	659	City (no abbreviations)	State	Zip
c. Nama change: Old	name:			New name:		
d. Name of dissociate						
eflation (Form LP-4/7), ave a. The LP is dissol	Pable at www.ses.ca.gov/t ved and wrapping up its	business/be/k s offairs,	orms.hbm.)	enson has been appointed		
Namo		Address		City (no abbraviations)	State	Zip
oy each person listed in i person listed must sign v.sos.ca gov/business/be	item 6d If that person h i, if a trust, association filling-tips.htm for more or (8 1/2" x 11"). All a	as not filed and strong and stron	a Certificate of In-fact, or any a. If you need n are part of this	I partner: (2) by each pere Dissociation (Form LP-10) of other person not listed nore space, attach extra per amendment. Signing this	 If item 7I above is si ages that are 	b is checked, gning, go to o 1-sided and
11/1/10/10				CEO of Security Alarm		
14.11.14	<u> </u>			rprises, Inc., General Partn	er <u>09</u> /	/09/19
gn here			Print your name	hore	Da	ito
yn here			Print your name	hore		ate
a chack/money order pays	his to Secretary of Riv	ı tə	8y #	te ()	Deno	>Off
filing, we will return one			Secretary		•	of State
document for free, and wi						eet, 3rd Floor
est and payment of a \$5 c			Sacramento, C/			CA 95814

FILE:

(FG

DEC 23 2019

Date:_____

ALEX PADILLA, Secretary of State

State of California



ENTITY NAME: A3 SMART HOME LP

FILE NUMBER: FORMATION DATE: 199818200002 06/29/1998

TYPE:

DOMESTIC LIMITED PARTNERSHIP

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 16, 2019.

> ALEX PADILLA Secretary of State