

L00000002753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

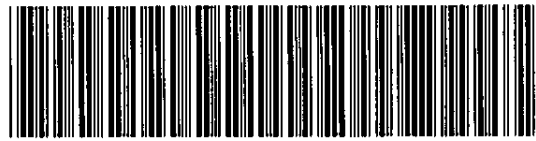
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*Amend.*  
*Walden*

Office Use Only



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08/22/13--01003--024 \*\*25.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 AUG 22 PM 1:32  
NOT PREPARED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2013 AUG 22 AM 8:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 23 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        RICKY SOTO

**DATE:**            08/22/2013

**REF. #:**           8871128

**CORP. NAME:**   SECURITY NETWORKS LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK# 70006400 FOR \$ 25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

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STATE OF FLORIDA  
SECRETARY OF STATE

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Security Networks LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Trisha Paulino  
Name of Person  
Security Networks LLC  
Firm/Company  
3223 Commerce Place Suite 101  
Address  
West Palm Beach, FL 33407  
City/State and Zip Code  
trisha@securitynetworks.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trisha Paulino at (561) 697-9997  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Chilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 AUG 22 AM 8:25  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Security Networks LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/10/2000 and assigned Florida document number L00000002753.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. 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: CT Corporation

New Registered Office Address: 1200 South Pine Island Road  
*Enter Florida street address*

Plantation, Florida 33324  
*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 608, 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

Page 1 of 3 **Melvin Maldonado**  
**Assistant Secretary**

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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mike Haislip, CEO	2350 Valley View Suite 100	<input checked="" type="checkbox"/> Add
		Dallas, TX 75234	<input type="checkbox"/> Remove
MGRM	Mike Meyers, EVP & Assis Sec	2350 Valley View Suite 100	<input checked="" type="checkbox"/> Add
		Dallas, TX 75234	<input type="checkbox"/> Remove
MGRM	William Niles, EVP & Sec	2350 Valley View Suite 100	<input checked="" type="checkbox"/> Add
		Dallas, TX 75234	<input type="checkbox"/> Remove
MGRM	David Verret, VP of Finance	2350 Valley View Suite 100	<input checked="" type="checkbox"/> Add
		Dallas, TX 75234	<input type="checkbox"/> Remove
MGRM	Kurt Becker, VP Operations	3223 Commerce Place Suite 101	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33407	<input type="checkbox"/> Remove
MGRM	Robert Sherman	2350 Valley View Suite 100	<input checked="" type="checkbox"/> Add
		Dallas, TX 75234	<input type="checkbox"/> Remove

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 2013 AUG 22 AM 8:25  
 STATE OF TEXAS  
 COUNTY OF TARRANT

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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard Perry	3223 Commerce Place Suite 101	<input type="checkbox"/> Add
		West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FATE  
MAY 1 10 00 AM 2013

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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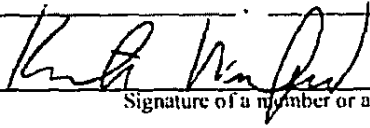
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Dated



Signature of a member or authorized representative of a member

Kenneth Wiesenfeld

Typed or printed name of signee

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Filing Fee: \$25.00

STATE OF ILLINOIS  
DEPARTMENT OF REVENUE

2013 AUG 22 AM 8:25

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