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SECRETARY OF STATE OF CORPORATIONS

J. BRYAN
JUN 1 7 2008

EXAMINER

COVER LETTER

, TO: Registration Sect Division of Corpo	
SUBJECT: SE	CURENETSHOP. COM, LLC (Name of Limited Liability Company)
The enclosed Articles of Ar	(Name of Limited Liability Company) mendment and fee(s) are submitted for filing. lence concerning this matter to the following:
Please return all correspond	mendment and fee(s) are submitted for filing.
	Gina Arellano (Name of Person)
	SECURENETSHOP. COM, LLC
	(Firm/Company)
	6767 North Wickham Rood, Ste. 400
	Melbourne, FL 32940 (City/State and Zip Code)
For further information con-	cerning this matter, please call:
(Name of I	Are llano at (954) 302-3832 x 703 (Area Code & Daytime Telephone Number)
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF									
							SECUREN (Name of the Limited	ETSHOP	my as it now appears on our records.) Liability Company)
							The Articles of Organization for this Limited L		
This amendment is submitted to amend the foll	owing:								
A. If amending name, enter the new name o	f the limited liab	oility company here:							
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation							
Enter new principal offices address, if applic	able:	6767 North Wickham Road							
(Principal office address MUST BE A STREET ADDRESS) Suite 400									
		Melbourne, FL 32940							
Enter new mailing address, if applicable:		6767 North Wickham Read							
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 400							
		Melhourne, FL 32940							
B. If amending the registered agent and/ registered agent and/or the new registered of		fice address on our records, <u>enter the name of the new</u> <u>e</u> :							
Name of New Registered Agent:									
New Registered Office Address:	6767 No	orth Wickham Road, Suite 400							
		(Enter Florida street address)							
	Me Ibou	me , Florida 32940							

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 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar	·y.)
			DIVISION OF ONLY I
 Dated	June 9 7	008 M. Lella	SECRETARY OF STATE VISION OF CORPORATION 8 JUN 16 FM: 4: 07
	Gina M.	er or authorized representative of a member	176 170NS

Page 2 of 2

Filing Fee: \$25.00