

104000032247

(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:

Office Use Only



200313778212

200313778212  
05/23/18--01013--012 \*\*30.00

18 MAY 29 AM 10:49  
J. LEGGETT

J. LEGGETT  
MAY 30 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GUARDIAN ALARM OF FLORIDA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT HERRON

\_\_\_\_\_  
Name of Person

GUARDIAN ALARM OF FLORIDA, LLC

\_\_\_\_\_  
Firm/Company

1189 HYPOLUXO ROAD

\_\_\_\_\_  
Address

LANTANA, FL 33462

\_\_\_\_\_  
City/State and Zip Code

SHerron@guardianhawk.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT HERRON

561 547-4550  
\_\_\_\_\_  
at ( )  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

GUARDIAN ALARM OF FLORIDA, 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 APRIL 28, 2004 and assigned  
Florida document number L04000032247.

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 contain 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)**

**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:

Scott Herron

New Registered Office Address:

1189 Hypoluxo Road

Enter Florida street address

Lantana

City

Florida 33462

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RICHARD PIERCE	7031 ORCHARD LAKE ROAD	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		WEST BLOOMFIELD, MI 48322	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Article IV - Managers: The names and address of each Manager is as follows:

Linda Pierce Herron, 1189 Hypoluxo Road, Lantana, FL 33462

Scott Herron, 1189 Hypoluxo Road, Lantana, FL 33462

10 MAY 29 AM 11:49  
CLERK OF COURT  
CLERK OF COURT

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

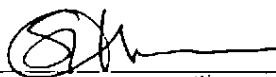
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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 MAY 10 2018



Signature of a member or authorized representative of a member

SCOTT HERRON

Typed or printed name of signee

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Guardian Alarm of Florida, LLC

SECOND: The Florida Document Number of the limited liability company is: L04000032247

THIRD: The street address of the limited liability company's principal office is:

1189 Hypoluxo Road

Lantana, FL 33462

The mailing address of the limited liability company's principal office is:

1189 Hypoluxo Road

Lantana, FL 33462

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

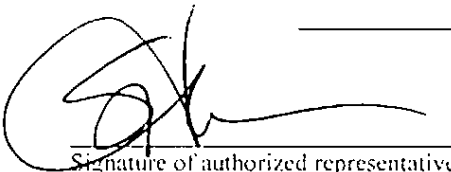
a. Granted to: Linda Pierce Herron and Scott Herron

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Linda Pierce Herron and Scott Herron

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Scott Herron

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)