## L04000042916

| (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: |  |  |  |  |  |
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14 ANT OF STATE
AND ANTASSEE FLORIDA

## **COVER LETTER**

| TO:  | Registration Se<br>Division of Cor |   |   |   |  |
|--|------------------------------------|---|---|---|--|
| SUBJI  | ect.                               | RedEye Securi   | ty & Associates, LLC  |   |  |
| 00202011   |                                    |   | ed Liability Company  |   |  |
| The en   | closed Articles of                 | Amendment and fee(s) are sub  | mitted for filing.  |   |  |
| Please   | return all correspo                | ondence concerning this matter  | to the following:   | •   |  |
|  |                                    |   | Mark Vargas   |   |  |
|  |                                    |   | Name of Person  |   |  |
| RedEye   |                                    | Security & Associates, LL   | .C  |   |  |
|  |                                    | Firm/Company  |   |   |  |
| 14   |                                    | 144 West Shores Blvd  |   |   |  |
| Address  |                                    |   |   | <del></del>   |  |
|  | Gulf Breeze, Florida 32563         |   |   |   |  |
|  |                                    | City/State and Zip Code   |   |   |  |
|  | ,                                  | F - 1 11 /  | rsaww@rsaww.com   | : Continu   |  |
| For fu   | rther information                  | e-mail address: ()<br>concerning this matter, please c  | -   | nication)   |  |
|  | N                                  | lark Vargas   | at ( 850 )  | 758 6698  |  |
|  | Name                               | of Person   | Area Code & Dayti   | me Telephone Number   |  |
| Enclo  | sed is a check for                 | the following amount:   |   |   |  |
| <b>▼</b> \$2   | 5.00 Filing Fee                    | \$30.00 Filing Fee & Certificate of Status  | \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Sed)  \$\int_\$ |  |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                                    | STREET/COUP<br>Registration Sect<br>Division of Corp<br>Clifton Building<br>2661 Executive C<br>Tallahassee, FL | orations<br>Center Circle                                       |   |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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Redeve Security of Associates, L.C. CERRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) ALLAHASSEE, ELORIDA (A Florida Limited Liability Company) Florida document number <u>L040000</u> 42916. 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) 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: New Registered Office Address: 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 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

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 Title Name Address Type of Action MGR Rebecca P. Vargas 1444 West Shores Blvd Remove Gulf Breeze, Florida 32563 ☐ Add Remove  $\prod Add$ ☐ Remove Remove  $\square$ Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) June 25, 2012 Dated\_ Signature of a member or authorized representative of a member Mark Vargas Typed or printed name of signee

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Filing Fee: \$25.00