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SECRETARY OF STALE

J. BRYAN

APR 1 5 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Integrity Fire & Security Systems, 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:
Nicolas desercey (Name of Person) Integrity Fire & Security Systems, LLC (Firm/Company)
1316 S. Adams Street
Tallahassee, FL 32301 (City/State and Zip Code) Tallahassee, FL 32301 ARR PR ARR P
For further information concerning this matter, please call:
Nicolas de Sercey at (850) 509-1619 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ C

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
M6RM	Elizabeth Claxton	282 Crossway Rd. Tallahassee, IFL. 32301	Add Remove		
MORM	Wayne L. Herdeson	7396 Old Lland Dr. monticello, FC 32344	Add Remove		
MORM	Nicolas deSercey	PD Box 87/28 main 5 Lloyd, FL 32337	STrce+ □ Add □ Remove		
M6RM	Kerneth L. P. Hs Sr.	P.O. Box 3951 Talkhussee, Ft 32315	Add Remove		
mben	Jean M. West_	1316 S. Adams Street Tallahassee, FZ 32301	Add Remove		
			Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
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Dated	4/15/2008,	STATE			
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		authorized representative of a member			
	Typed or p	orinted name of signee			

Page 2 of 2

Filing Fee: \$25.00