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SECRETARY OF STATE
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J. BRYAN

AUG - 3 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tri LEURI TOTA BRATHO FINA PROTECTES SYSTEMS LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
CIAIL EUDIS  Name of Person
Tri Laure Lorgensons Fine Propose. Systems UC
4650 NR Indian River Driver
JEWSEN BRAIN FLA 34957 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charle Fugues at 772-403-3608  Name of Person at 772-403-3608  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status}\$  Certificate of Status \$\text{Certificate of Status}\$
Certificate of Status  Certified Copy (additional copy is enclosed)  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 OF

RI LT VEL (Name of the Limited I. (A F	iability Company as it		Protection Systems L
The Articles of Organization for this Limited Liab Florida document number <u>LO5 Doo</u>	oility Company were fi	• • • • • • • • • • • • • • • • • • • •	RIL 11,2005 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability co	mpany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	pility Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·	To P
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Box)  B. If amending the registered agent and/or registered agent and/or registered agent and/or registered agent.	registered office ad	dress on our	records, enter the name of the new
registered agent and/or the new registered office	ce address here:		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter	Florida street address
			, Florida Zip Code
Now Designation of August's Circumstance of the control of the con	City		Zip Coae

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Presio	DENT CHARLOTTE	EVANS 4650 NEIN DENSEN BRIA FLA 349	COIAL RIVER DA Add  Remove
<del> </del>			Add Remove
			Add Remove
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			Remove
D. If am	ending any other information, er	nter change(s) here: (Attach additional sh	Add Remove
	:		
-			
Dated	JULY 30 Craig ) 5		DG. Evans
	CRAIL J E	of a member or authorized representative of a	E Fugus

Page 2 of 2

Filing Fee: \$25.00