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(Requestor's Name)						
•						
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					

Special Instructions to Filing Officer:

L. SELLERS

MAY 22 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

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#### COVER LETTER

		• `	COVEREETTER	
	gistration Se vision of Co		, ,	
		· RONICS SECURITY & (	CONTROL LLC	
SUBJECT:	LLLOII		ited Liability Company)	<del></del>
•		(Name of Line	ned Elability Company)	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		FELIPE ARGUELLO		
			(Name of Person)	
		ELECTRONICS SEC	CURITY & CONTROL, LLC	
			(Firm/Company)	
		10400 NW 33RD ST		
			(Address)	
		MIAMI FLORIDA 33	178	
			(City/State and Zip Code)	
For further i	nformation o	concerning this matter, please c	all:	
FELIPE A	ARGUELI	LO	at ( 305 ) 525 0333	
	(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is	a check for t	he following amount:		
\$25.00 F	iling 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

## 

#### 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

ACC ON HAY

AND ACC ON HAY

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 Title **Type of Action** <u>Name</u> <u>Address</u> 18504 SW 47TH CT MGR\_ RICARDO ABREU ☐ Add Remove MIRAMAR FLORIDA 33029 Add ☐ Remove Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Felipe Arguello
Typed of printed name of signee

Dated

Page 2 of 2

Filing Fee: \$25.00