Division of Corporations Electronic Filing Cover Sheet

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(((H110000829083)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOHN M WICKER PA Account Number : I20070000104

: (239)939-2222

Fax Number

7 (239) 939-2280

**Enter the email address for this business entity to be used for Duture annual report mailings. Enter only one email address please.

Email Address: FRANS (CAW (RW. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STAY SECURE SYSTEMS, LLC

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March 31, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

STAY SECURE SYSTEMS, LLC 18900 SERENOA CT ALVA, FL 33920

SUBJECT: STAY SECURE SYSTEMS, LLC

REF: L06000046273

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent

Please return your document, along with a copy of this letter, within 50 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II FAX Aud. #: H11000082908 Letter Number: 311A00007773

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

14 110000 82908 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAY SECURE	SYSTEMS, LL	C	
(<u>Name of the Limited Ltability Compa</u> (A Florida Limited	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	!	
· · · · · · · · · · · · · · · · · · ·			TA S 22
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compan	y," the designation "L	
Enter new principal offices address, if applicable:			SAR W
(Principal office address MUST BE A STREET ADDRESS)			mo I
			TO TO
Enter new mailing address, if applicable:	PO DRAWER	60205	A 21
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33906		
The state of the s		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>enter t</u>	he name of the new
The state of the s	/ICKER, ESQ		
New Registered Office Address: 12.67	2670 NEW BRITHLY BLVD, #101 Enter Florida street address		
FC	RT MYERS	. Florida	3390.7
	City	, , , , , , , , , , , , , , , , ,	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 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

Page 1 of 2

MGR = Manager

239-939-2280

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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:

MGRM = Managing Member Type of Action Title <u>Address</u> <u>Name</u> MGRM **DENNIS HAMPTON** 18900 SERENOA CT [7] Add 🔲 Remove ALVA. FL 33920 **DENNIS HAMPTON** PRES ☐ Add √ Remove **VP DENNIS HAMPTON** DbA 🔲 ✓ Remove 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 **DENNIS HAMPTON** Typed or printed name of signoc

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