## L06000115316

| (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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Office Use Only



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SECRETARY OF STATE
AND ANASSES FI ORDER

J. BRYAN

AUG 1 5 2011

**EXAMINER** 

## **COVER LETTER**

| TO:         | Registration,S<br>Division of Co |  |  |  |
|-------------|----------------------------------|--|--|--|
| SUBJI       | <b>የ</b> ርፕ•                     | EXCLUS   | SIVE TECH LLC  |  |
| эодэ.       | <u> </u>                         |  | ited Liability Company   | <u></u>  |
| The en      | closed Articles of               | f Amendment and fee(s) are su  | bmitted for filing.  |  |
| Please      | return all corresp               | ondence concerning this matte  | er to the following:   |  |
|             |                                  |  | ARLOS A. MADRINAN  Name of Person  | ANG 12 PM 2: LA  |
| <del></del> |                                  |  | CCSecurity LLC Firm/Company  | PH 2: LA   |
| 26          |                                  |  | O5 OAKBROOK COURT Address  | - Sm   |
|             |                                  |  | WESTON, FL 33332 City/State and Zip Code   | _  |
|             |                                  | CAM/   | ADRINAN@YAHOO.COM (to be used for future annual report notification)   |  |
| For fur     | ther information of              | concerning this matter, please   | , ,  |  |
|             |                                  | OS A. MADRINAN   | at ( 305 ) 490-9024  Area Code & Daytime Telephone Nur   |  |
|             | Name                             | or rerson  | Area Code & Daytime Telephone Nur  | nder   |
| Enclose     | ed is a check for t              | he following amount:   |  |  |
| <b>₹</b> 25 | .00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status   | Certified Copy Certic (additional copy is enclosed)  | Filing Fee,<br>ficate of Status &<br>fied Copy<br>tional copy is enclosed) |
|             | Regist<br>Divisio<br>P.O. B      | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | S:   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVALUEIVE TEAL HIP

| (NI FAL - I : 'A  |                    | ETECHLLO                                     |                             |                         |
|---|--------------------|--|-----------------------------|-------------------------|
| (Name of the Limit  | (A Florida Limited | pany as it now appea<br>I Liability Company) | rs on our records.)         |                         |
| The Articles of Organization for this Limited   | Liability Compar   | ny were filed on                             | 12/04/2006                  | and assigned            |
| Florida document number L060001   | 15316              |  |                             | فن                      |
| This amendment is submitted to amend the fo  A. If amending name, enter the new name  | llowing:           | ability company her                          | · ";<br>r <u>e</u> :        | FILE PH ?               |
| -   | CCSecu             |  | _                           | 199 5 C                 |
| The new name must be distinguishable and end w<br>L.L.C."                             |                    | ,  | any," the designation "I    | LC" or the abbreviation |
| Enter new principal offices address, if appl  | icable:            | N/A  |                             | 7,                      |
| Principal office address MUST BE A STRE   | ET ADDRESS)        |  |                             |                         |
|   |                    | <del></del>                                  |                             |                         |
| Enter new mailing address, if applicable:   | N/A                |  |                             |                         |
| Mailing address MAY BE A POST OFFICI  | E BOX)             |  |                             |                         |
|   |                    |  |                             |                         |
| 3. If amending the registered agent and registered agent and/or the new registered of |                    |  | our records, <u>enter t</u> | he name of the ne       |
| Name of New Registered Agent:   | N/A                |  |                             |                         |
| New Registered Office Address:  | N/A                |  |                             |                         |
|   |                    |  |                             | ress                    |
|   |                    |  | , Florida                   |                         |
|   |                    | 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

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>                         | Address  | Type of Action                           |
|--------------|-------------------------------------|--|--|
| MGRM         | CAMILO MADRINAN                     | 2605 OAKBROOK COURT<br>WESTON, FL 33332                | ✓ Add ☐ Remove                           |
| <del></del>  |                                     |  | Add Remove                               |
|              |                                     |  | Add Remove                               |
|              |                                     |  | Add<br>Remove                            |
|              |                                     |  | Add Remove                               |
| <u>.</u>     |                                     |  | Add<br>Remove                            |
| D. If amend  | ling any other information, enter c | change(s) here: (Attach additional sheets, if necessor | FILED  11 AUG 12 PM 2:  SECRETARY OF STA |
| Dated        | 08/09                               | 2011   | IATE<br>ORIDA                            |
|              |                                     | ember or authorized representative of a member         |  |
|              | T                                   | CARLOS A. MADRINAN Typed or printed name of signee     | <del></del>                              |

Page 2 of 2

Filing Fee: \$25.00