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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

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EXAMINER

COVER LETTER

(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$25.00 Filing Fee \$\sumsets \$30.00 Filing Fee & \$\sumsets \$55.00 Filing Fee & \$\sumsets \$60.00 Filing Fee, \$\sumsets \$\text{Certified Copy} & \text{Certified Copy} & \text{(additional copy is enclosed)} MAILING ADDRESS: STREET/COURIER ADDRESS:	TO: Registration Section Division of Corpora			
(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: Jodi Harrison	SURJECT: All Cabling S	security & Fire LLC		
Please return all correspondence concerning this matter to the following: Jodi Harrison			ited Liability Company)	
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Jodi Harrison (Name of Person)	The enclosed Articles of Amer	ndment and fee(s) are sub	mitted for filing.	
(Name of Person) All Cabling Security & Fire, LLC (Firm/Company) 2532 Pemberton Dr (Address) Apopka, FL 32703 (City/State and Zip Code) For further information concerning this matter, please call: Jodi Harrison (Name of Person) at (407) 448-3018 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\sum_{\sum_{\text{25.00 Filing Fee}}} \sum_{\text{ S30.00 Filing Fee}} \sum_{\text{ Certificate of Status}} \sum_{\text{ Certificed Copy} \text{ (additional copy is enclosed)}} \sum_{\text{ Certified Copy} \text{ (additional copy is enclosed)}} \] MAILING ADDRESS: \$TREET/COURIER ADDRESS:	Please return all correspondence	ce concerning this matter	to the following:	
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Apopka, FL 32703 City/State and Zip Code	<u>_A</u>	Il Cabling Security	''''''''''''''''''''''''''''''''''''''	
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\$25.00 Filing Fee \$\times \text{\$\subset}\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\	(Name of Pers	son)	(Area Code & Daytime 7	Telephone Number)
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	Enclosed is a check for the following	lowing amount:		
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Registration Section Registration Section Division of Corporations Division of Corporations	Registration Section Division of Corporations		Registration Section Division of Corporation	ons
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	P.O. Box 632	27	Clifton Building	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATION

08 FEB -5 PM 12: 02

All Cabling Security & Fire LLC		1
(Name of the Limited Lia (A Flo	<u>bility Company as it now appears on our</u> rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on June 1st 2	2007 and assigned
Florida document number <u>L07000058042</u>	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation
B. If amending the registered agent and/or r registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
_		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this cha	er and complete performance of my d ed agent as provided for in Chapter 6 stered office address, I hereby confirt	uties, and I am familiar with and 608, F.S. Or, if this document is
	(If Changing Registered Agent, Signs	ature 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	Dave M Brown	23 Orangewood Court Apopka, FL 32703	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
·			Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necess	ary.)
			
····			
Dated Febr	Podi N	2008 arwa	
	Jodi Harrison	a member or authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00