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**EXAMINER** 



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SECRETARY OF STATE OF CORPORATIONS



Return to 5-

Richard Phillipps (954)993-0964

7027 W. Broward Blud #235 Plantation, FL 33317

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Secure Access & Surveillance, LLC 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:	
Sarah Phillipps Name of Person	
Secure Access & Surveillance, UC	
7027 W Broward Blue #1235	
Plantation Fl 33317 City/State and Zip Code	
Secure - access & hotmail. com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RICHARD PHULPS at 954, 993-0964  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\text{Certified Copy} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$	l)

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

(Name of the Limited Liab (A Flor	bility Company ida Limited Lia	y as it nov ability Cor	v appears ол о прапу)	ur records.)		
The Articles of Organization for this Limited Liabili Florida document number	ity Company v	vere filed	on July	27,20	on and assi	igned
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	limited liabil	ity comp	any here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limite	ed Liabilit	y Company," th	e designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET A)	DDRESS)					_=_
Enter new mailing address, if applicable:					10 FEB 26	SECRETAR VISION OF
(Mailing address MAY BE A POST OFFICE BOX	Ø				7. 2. 5.	CORPONAI A S S IV
B. If amending the registered agent and/or registered agent and/or the new registered office			ess on our re	cords, <u>enter</u>	the name o	f the new
Name of New Registered Agent:	Sar	ah	Philli	pas		
New Registered Office Address:	7027	<u>ω. Γ</u>	Briter Flo	d Bl orida street ad	ud 7+	<u> 235</u>
	Planta	ation City		, Florida	333 7 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 registered	er and comple	ete perfo	rmance of my	duties, and I	am familiar	with and

If Changing-Registered Agent, Senature of New Registered Agent

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 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 Type of Action **Title Address** <u>Name</u> Richard Phillips
Savah Phillips Remove Remove ☐ Add Remove Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated tebruary ed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00