

L 07000125688

(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:

Office Use Only



100265414401

10/16/14--01023--021 **55.00

FILED
14 OCT 16 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shivers OCT 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tiger Control Electronic Security, 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:

Tiger Control Electronic Security LLC
Name of Person

c/o FL Tax Group
Firm/Company

1560 Sawgrass Corp. Pkwy 4th floor
Address

Sunrise FL 33323
City/State and Zip Code

Alex@FLTaxGroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Rodriguez at (954) 603 3103
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Tiger Control Electronic Security LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/19/2007 and assigned Florida document number LO7000125689.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O FL Tax Group
1560 Sawgrass Corp. Pkwy 4th floor
Sunrise FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O FL Tax Group
1560 Sawgrass Corp. Pkwy 4th floor
Sunrise FL 33323

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alex Rodriguez

New Registered Office Address:

1560 Sawgrass Corporate Parkway 4th floor
Enter Florida street address
Sunrise, 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 605, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sanz, Francisco	12930 SW 133 Ct	<input type="checkbox"/> Add
		Miami FL 33186	<input checked="" type="checkbox"/> Remove
MGR	Martinez, Manuel	12930 SW 133 Ct	<input type="checkbox"/> Add
		Miami FL 33186	<input checked="" type="checkbox"/> Remove
MGR	Jimenez, Gonzalo E	1749 Harbor View circle	<input checked="" type="checkbox"/> Add
		Weston FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

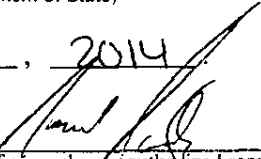
14 OCT 1980 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 13, 2014



Signature of a member or authorized representative of a member

Manuel Martinez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 16 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA