# L08000006004

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SECRETARY OF STATE
ALLAHASSEF F. STATE

# **COVER LETTER**

suвјест: EyeWa	II Marketing, LLC - N				8
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Weber				
		(Name of Person)			
	Eve\Mell Security 11.C (f	ormerly EyeWall Marketing, LLC)			
	Eyevvali Security, LLC (i	(Firm Company)			
•	4626 Ayron Terrace				
		(Address)		7AL 21 21	
	Palm Harbor, FL 34685			2000 JUL 28 SECRETARY ALLAHASSE	***
	Taim Harbor, 1 E 34003	(City State and Zip Code)		IUL 28 ETARTHASS	
					-
For further information of	concerning this matter, please c	all:		E F	П
				FST ?	E
Michael Weber	0.0	at ( 813 ) 263-5669		<u> </u>	
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	er)\$> <u> </u>	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)

## MAILING ADDRESS:

Registration Section
Division of Corporations

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

EyeWall Marketing, 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 January 17, 2008 and assigned Florida document number L08000006004 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EveWall Security, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Ū Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

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Filing Fee: \$25.00