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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

APR 3 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GPS Rastreo 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:				
Scott A. Murphy				
(Name of Person)				
GPS Rastreo LLC				
(Firm/Company)				
1610 Cortez St., Suite 100				
(Address)				
Coral Gables, FL 33142 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Scott Murphy at (561) 302-9283				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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				

SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 APR 28 AM 8: 32

GPS Rastreo LLC (Name of the Limited Lia)	bility Company as it now appears on our records.)			
(A Flo	rida Limited Liability Company)			
The Articles of Organization for this Limited Liabil	ity Company were filed on April 24, 2008	and assigned		
Florida document number <u>L08000041159</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 registered agent and/or the new registered office Name of New Registered Agent:		r the name of the new		
New Registered Office Address:				
	(Enter Florida street address)			
	Florida	, 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 duties, and ed agent as provided for in Chapter 608, F.S. C stered office address, I hereby confirm that the	I am familiar with and or, if this document is		
	(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 Title <u>Name</u> <u>Address</u> **Type of Action** 1610 Cortez St., Coral Gables, FL 331 7 Add MGR Jose Borda Add ☐ Remove Add Remove ☐ Add Remove □Add Remove Add Remove

Michael Smith

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

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00