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APR - 4 2011

**EXAMINER** 



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## **COVER LETTER**

ro:	Registration Se Division of Cor		:	
SUBJE	CT:	Busines	ss Intell Group	
	•		ted Liability Company	<del></del>
	•			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Lorenzo Gilbert	
			Name of Person	
			•	•
			Firm/Company	
			1330 N.W. 175 St.	
_			Address	
		Mia	ami Gardens, Fl. 33169	
•			City/State and Zip Code	
		}	oigguards@aol.com to be used for future annual report notifi	·
				cation)
For furt	her information c	concerning this matter, please c	all:	
	Loi	renzo Gilbert	at (_786 )	704-3030
	Name o	of Person	Area Code & Daytim	e Telephone Number
Enclose	ed is a check for the	he following amount:		
<b>□</b> \$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, Certificate of Status & Certified Copy (additional copy is enclosed)
	ı		·	

## MAILING ADDRESS:

TO:

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

Business I	Intell Group		<del></del>
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan	ny were filed on	June 5, 2008	and assigned
Florida document number <u>L08000055814</u> .			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company her	<u>re</u> :	
Camera and Secur			
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			PR III
		HAS:	3 1
		SEE.	× -
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	<u></u>	<del>-</del>
	<del></del>	D D	7 69
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street addr	ress
		, 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 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, 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 Name 1 Address Remove ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 30 201(\_. Dated Signature of a member or authorized representative of a member Lorenzo Gilbert Typed or printed name of signee

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**Filing Fee: \$25.00**