

LO8000067298

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EXAMINER

2010 OCT - 1 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Easy Security Market 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:

Michael Navih Gomez
Name of Person

Easy Security Market, LLC
Firm/Company

9737 NW 41 ST STE 445
Address

DORAL FL 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Navih Gomez at (**305**) **794-8132**
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, 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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Easy Security Market 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 July 11, 2008 and assigned
Florida document number L08000067298.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: Michael Navih Gomez

New Registered Office Address: 9737 NW 41 ST STE 445

Enter Florida street address

DORAL, Florida 33178
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jaime Botero	8101 SW 90 AVE MIAMI FL 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rafael Montejo	9737 NW 41 ST STE 445 DORAL FL 33178 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael Navih Gomez	4020 NW ESTEPONA AVE DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tatiana Bijani	6301 NW 87th AVE Miami FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Hernando Pulido	9881 NW 52 Lane Miami FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated September 29th, 2010

Signature of a member or authorized representative of a member
Jaime Botero
Typed or printed name of signee