

12/06/2013

11:58

API Processing

545873131

3.255 400

Division of Corporations

Page 1 of 4

December 2013

L08000079030

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000266558 3)))



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
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From: Account Name : API PROCESSING
Account Number : 120110000069
Phone : (954) 567-0013
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC -5 AM 8:44

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Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACE ALARMS, LLC

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Electronic Filing Menu

Corporate Filing Menu

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DEC - 6 2013

H13000266558

Page 2 of 4

December 5, 2013

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

Ace Alarms, 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 08/18/2008
Florida document number L08000079030

FILED
13 DEC -5 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Ace Fire & Security, LLC

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

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

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

H13000266558

Page 3 of 4

December 5, 2013

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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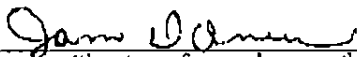
H13000266558

Page 4 of 4

December 5, 2013

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

Dated 12-5, 2013



Signature of a member or authorized representative of a member

James D. Robinson

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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