408000105389

| (l | Requestor's Name) | · · · · · · · · · · · · · · · · · · · | | | |
|---|-------------------------|---------------------------------------|--|--|--|
| (1 | Address) | | | | |
| . (/ | Address) | | | | |
| ((| City/State/Zip/Phone #) | · . | | | |
| PICK-UP | WAIT | MAIL . | | | |
| (I | Business Entity Name) | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY - 6 2009

EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | | | | |
|-------------------------------------|----------------------------------|---|---|---|--|--|--|
| SUBJE | ct. FLORI | DA FIRE SYSTEM | MS, LLC | | | | |
| (Name of Limited Liability Company) | | | | | | | |
| | | | | | | | |
| The end | losed Articles of | Amendment and fee(s) are su | abmitted for filing. | | | | |
| Please r | eturn all correspo | ondence concerning this matte | er to the following: | | | | |
| | | | | • | | | |
| | | MICHAEL KOLIA | | | | | |
| | | | (Name of Person) | | | | |
| | | | | | | | |
| | | | (Firm/Company) | | | | |
| | | 17133 Orange Ro | oad | | | | |
| | | | (Address) | | | | |
| | | Fort Myers, FL 33 | 967 | | | | |
| | | (| (City/State and Zip Code) | | | | |
| For furt | her information of | concerning this matter, please | call: | | | | |
| MICI | HAEL KOL | IAS | at (239) 470-3051 | | | | |
| | (Name | of Person) | at (239) 470-3051 (Area Code & Daytim | e Telephone Number) | | | |
| | | | | | | | |
| 1 | | following amount: | _ | | | | |
| ▼ \$25.0 | 00 Filing Fee | S30.00 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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

09 MAY -5 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 21, 2009

MICHAEL KOLIAS 17133 ORANGE RD FT MYERS, FL 33967

SUBJECT: FLORIDA FIRE SYSTEMS, LLC

Ref. Number: L08000105389

We have received your document for FLORIDA FIRE SYSTEMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00013407

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA FIRE SYSTEMS, LLC (Presi

(Present Name) (A Florida Limited Liability Company)

| FIRST: | The Articles of Organization were filed onand assigned document number _L08000105389 | | |
|---------|--|------------|---------------------|
| SECOND: | This amendment is submitted to amend the following: | | |
| | Article V. Members | - | |
| | Remove: Manager: ROBERT E. WELSCH, 17133 OrangeRoad, Fort Myers, FL 33967 | ' . | |
| | Add: Manager: MICHAEL KOLIAS, 17133 Orange Road, Fort Myers, FL 33967. | : | |
| | | • | |
| | | | |
| | | • | |
| | | . 09 | DIV |
| | | 9 HAY | SECR /ISIO |
| Dated | 4-27-09 | 2 | ETARY OF OF CORF |
| | | AM 10: 58 | STATE |
| | Signature of a member or authorized representative of a member | | (A) |
| | MICHAEL KOLIAS . | | |
| | Typed or printed name of signee | • | |

Filing Fee: \$25.00