

L09000056880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

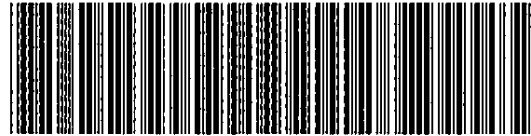
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP -3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automation & Security Group, 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:

Rene F. Leoncio

Name of Person

Leoncio & Associates, LLC.

Firm/Company

8302 Northwest 103rd Street, Suite # 106

Address

Hialeah Gardens, Florida 33016

City/State and Zip Code

rleoncio@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene F. Leoncio

Name of Person

at (305)

558-1700

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

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

Automation & Security Group, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 10th, 2009 and assigned Florida document number L09000056880.

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)

9409 Southwest 76th Street

Suite # X-15

Miami, Florida 33173 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9409 Southwest 76th Street

Suite # X-15

Miami, Florida 33173 US

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

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

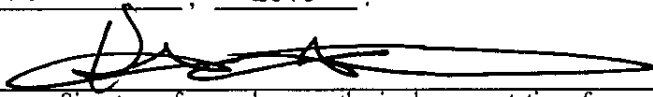
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Padron	2655 Southwest 33rd Avenue Miami, Florida 33133 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Antuan Doreste	9409 Southwest 76th Street Suite # X-15 Miami, Florida 33173 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Antuan Doreste	9409 Southwest 76th Street Suite # X-15 Miami, Florida 33173 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 August 25, 2010



Signature of a member or authorized representative of a member

Randy Echevarria

Typed or printed name of signee