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T. HAMPTON

OCT 1 6 2009

EXAMINER

COVER LETTER

Registration Section '

Tallahassee, FL 32314

TO:

Division of Corporations				
SUBJECT: Pro	ctive Net	TWORK Security ited Liability Company	1, LLC	
The enclosed Articles of Art	nendment and fee(s) are su	bmitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
	Jose	Ph. Bovat Name of Person		
		Firm/Company		
	4273	Sunny brook was	4 Apt 203	
•				
	Winter ?	Springs FC 32 City/State and Zip Code	708	
		BOVAT @ G-MAIL-(UM		
•	E-mail address:	(to be used for future annual report notificat	ion)	
For further information cond	erning this matter, please			
Joe B	ouat.	·407 267	5397	
Name of Po	erson	Area Code & Daytime To		
Enclosed is a check for the t	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Registration	G ADDRESS: on Section of Corporations 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building		

Division of Corporations Clifton Building 2661 Executive Center Circle 'Tallahassee, FL 32301

ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION OF

Procetive Metunck Security 110

1,000		1 1	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears of ited Liability Company)	1 our records.)	
The Articles of Organization for this Limited Liability Com Florida document number			and assigned SECRET
This amendment is submitted to amend the following:			5 CO
	st PC, LLC		AN III
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	" the designation "L	LC" or the and reversion
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	7	, Total
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	P.O. Bo	tPC DX 122 Serce, FL records, enter th	34979
registered agent and/or the new registered office address	<u>s here</u> :		
Name of New Registered Agent:	NA		<u></u> .
New Registered Office Address:			
	Enter	Florida street addr	ess
·		, Florida	7: (1.1
	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>e</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		•	Add Remove
			Add Remove
_	<u> </u>	• •	Add Remove
			Add Remove
		•	Add Remove
lf amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
		• •	9)VISION (09 OCT
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		seph Bova +	

Page 2 of 2

Filing Fee: \$25.00