(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Cartified Canica Cartification of Chatter
Certified Copies Certificates of Status
Cassial Instructions to Filing Officer
Special Instructions to Filing Officer:

A. LUNT

FEB 29 2011

EXAMINER

Office Use Only



700222788927

02/27/12--01038--012 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIBA

COVER LETTER

TO:

ΓO:	Registration S Division of Co					
SUBJE	CT:	SETTLEMENT	CONSULTANTS, LLC			
30 D 0E			ited Liability Company			
Γhe enc	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			,
Please r	eturn all corresp	ondence concerning this matte	r to the following:			
·			Rene Brasholt		-	
			Name of Person			
			Firm/Company		- 781 - 781 - 781	
			2021 Scotland Dr		2012 FEB 27 SECRETARY ALLAHASSE	MA COMPANY
					Γτή	
			City/State and Zip Code		F SI	[]
		r.bi E-mail address: (rasholt.aac@gmail.com to be used for future annual report notifi	cation)	A SO	No. of the Park
For furt	her information o	concerning this matter, please	•	,		
		ene Brasholt	at \	771-5071		
	Name o	of Person	. Area Code & Daytime	Telephone Numbe	er	
Enclose	d is a check for t	he following amount:		•		
√ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle		*

COVER LETTER

SUBJECT:		CONSULTANTS, L	LC	_		
	Name of Lim	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspor	idence concerning this matter	r to the following:				
		Rene Brasholt				
		Name of Person				
Firm/Company						
2004 0				<u></u> ≥a	20	
	2021 Scotland Dr			-ES	2012 FEB 27	مندستوره
		21001005		ETARY		1
	(Clearwater, FL 33763		388 X	27	-
City/State and Zip Code						
r.brasholt.aac@gmail.com				₩, 	Ü	
	E-mail address: (to be used for future annual repor	rt notification)	OF STATE	0(7) 0(0)	
For further information co	ncerning this matter, please of	call:		••		
Rer	ne Brasholt	at (727)	787-5290			
Name of Person			Daytime Telephone Numb	per		
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certific	filing Fee, cate of Sta ed Copy onal copy	tus &	osed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SETTLEMENT COI	NSULTANTS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on09-09-20	one and assigned
lorida document numberL0900087166		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Home Security S	pecialists LLC	•
The new name must be distinguishable and end with the words "Limi L.L.C."	ited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	30798 US 19 N, Ste C	
Principal office address MUST BE A STREET ADDRESS)	Palm Harbor, FL 34684	012
		AR G TO
		27 27 SSS
Inter new mailing address, if applicable:	30798 US 19 N, Ste C	
Mailing address MAY BE A POST OFFICE BOX)	Palm Harbor, FL 34684	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our records, <u>e</u> :	enter the name of the ne
Name of New Registered Agent:		; •
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	ida
	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 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>	Type of Action
MGR	Benoit O Choiniere	1600 Misty Plateau Trail Clearwater, FL 33765	4. 17 Add 1, Remove
			; Add Remove
			Add - ⁽⁾
			Remove
·			Add Remove
		ASS SS	Add Greenove
		EF F SA REFE	Add Remove
D. If amend	ing any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	€ 0
			_ _
Dated D	23/12	2012	3
·	Signature of	a member or authorized representative of a member	e
	Ų	Typed or printed name of signee Page 2 of 2	

Filing Fee: \$25.00