

12/02/2013 13:27

Alron Inc.

(FAS) 321723-8218

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Division of Corporations

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Lo9000114460

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number (850) 617-6383

From:

Account Name ALRON ENTERPRISES, INC.
Account Number I20000000113
Phone (321) 951-7626
Fax Number (321) 723-8218

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TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CRIME INTERVENTION DEVICES CO LLC.**

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TALLAHASSEE, FLORIDA

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B. BOSTICK

DEC - 3 2013

EXAMINER

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

CRIME INTERVENTION DEVICES CO 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 NOVEMBER 26, 2013 and assigned
Florida document number L09000114460.

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)

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

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	STEPHEN SAPORITO	915 BERYL DR	<input type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Remove
MGR	JOSEPH SAPORITO	300 S SYKES CREEK PKWY	<input checked="" type="checkbox"/> Add
		#805	<input type="checkbox"/> Remove
		MERRITT ISLAND, FL 32955	
			<input 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

12/02/2013 13:28

Alron Inc.

(FAX) 3217238218

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SAPORITO GROUP/C.I.D.C.O.

321-454-9300

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

Dated **NOVEMBER 26** **2013**


Signature of a member or authorized representative of a member.

STEPHEN SAPORITO

Typed or printed name of signer

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