

4000000 9297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

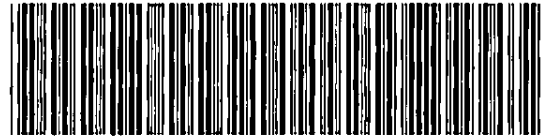
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 FEB 18 PM 12:09

Amend

MAR 12 2020

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IST SECURE IT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELMER GARRASTAZU  
Name of Person  
IST SECURE IT LLC  
Firm/Company  
333 LAS OLAS WAY, SUITE 424  
Address  
FORT LAUDERDALE, FL 33301  
City/State and Zip Code  
eg@gmholdings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELMER GARRASTAZU, CFO 787 313-6620  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1ST SECURE IT 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 1/26/2010 and assigned  
Florida document number L10000009297

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 contain 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 605, 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

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DIVISION OF CORPORATIONS  
20 FEB 18 PM 12:09

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stephen M. Dewsnap, CFO	106 N River Dr E	<input type="checkbox"/> Add
		Jupiter FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edward J. Dewsnap, COO	7 Tyson Road	<input type="checkbox"/> Add
		Franklin MA 02038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stephen J. Finizio, CTO	7070 NW 75th Street	<input type="checkbox"/> Add
		Parkland FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark A. Akins, CEO	6328 Michele Road	<input type="checkbox"/> Add
		Maccleenny FL 32063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GM Group Fund LLC	PO BOX 365051	<input checked="" type="checkbox"/> Add
		SAN JUAN, PUERTO RICO 00936-5051	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GM Security Technologies, Inc.	PO BOX 365051	<input checked="" type="checkbox"/> Add
		SAN JUAN, PUERTO RICO 00936-5051	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hector G. Martinez, President	PO BOX 365051	<input checked="" type="checkbox"/> Add
		SAN JUAN, PUERTO RICO 00936-5051	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elmer Garrastazu, CFO	PO BOX 365051	<input checked="" type="checkbox"/> Add
		SAN JUAN, PUERTO RICO 00936-5051	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alberto Espana, SVP and Gral Mgr	333 Las Olas Way Suite 424	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.


**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 5, 2020

  
Signature of a member or authorized representative of a member

ELMER GARRASTAZU

Typed or printed name of signee

**Filing Fee: \$25.00**