

L100000216120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

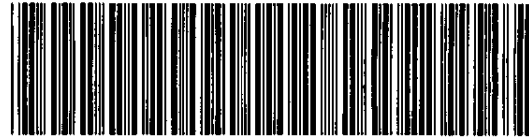
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/14--01008--009 **25.00

B. BOSTICK

MAY 14 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLEMASTER SECURITY 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:

PAUL A. FRANCOIS

Name of Person

EAGLEMASTER SECURITY OF AMERICA LLC

Firm/Company

P.O. BOX 8674

Address

PORT ST. LUCIE, FL 34985

City/State and Zip Code

CLICHE123@LIVE.COM

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

For further information concerning this matter, please call:

PAUL A. FRANCOIS

Name of Person

at (561) 674-3657

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

2011 07 10 10 30 AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L-0000026720

EAGLEMASTER SECURITY 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 ON MARCH 9, 2010 and assigned Florida document number L 10000026720

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EAGLEMASTER SECURITY OF AMERICA LLC

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)

1950 SE PORT ST LUCIE BLVD
SUITE 214
PORT ST LUCIE, FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

EAGLEMASTER SECURITY OF AMERICA
P.O. BOX 8674
PORT ST. LUCIE, FL 34985

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

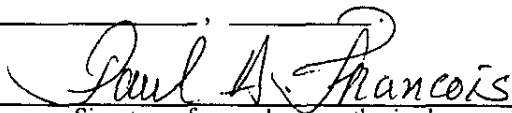
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

2014-05-14 09:15:32

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

Dated _____



Signature of a member or authorized representative of a member

PAUL A - FRANCOIS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014-07-14 09:03
17 283



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2014

EAGLEMASTER SECURITY OF AMERICA LLC
POST OFFICE BOX 8674
PORT ST. LUCIE, FL 34985

SUBJECT: EAGLEMASTER SECURITY OF AMERICA LLC
Ref. Number: L10000026720

We have received your document for EAGLEMASTER SECURITY OF AMERICA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00009665