

L10000026720

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

JUN 20 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EagleMaster Security of America, 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

1950 SE Port Saint Lucie, Blvd.
Address

Port Saint Lucie, FL 34952
City/State and Zip Code

Cliche123@lwe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A. Francois at (561) 674-3657
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Eagle Master Security of America, 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 3/9/2010 and assigned
Florida document number L10000026720

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 "LLC."

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

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

SEE ATTACHED

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 12th, 2014

Paul A. Francois

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

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REVISED EIN Number + Job Titles

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Business Name

EAGLEMASTER SECURITY
OF AMERICA LLC

Type

Florida Limited Liability
Company

Document Number

L10000026720



File Date

Mar 09, 2010

Filing State or Country

FL

Status

Active

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

① of 6 - Review and Edit Your Information

FEI/EIN Number

46-5525120

[Edit FEI/EIN Number](#)



Principal Address

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

[Edit Principal Address](#)



Mailing Address

1950 SE Port Saint Lucie Blvd
214
PORT ST. LUCIE, FL 34952 US

[Edit Mailing Address](#)



Registered Agent Information

Registered Agent
FRANCOIS, PAUL, A

[Edit Agent](#)



Registered Agent Address

1950 SE Port Saint Lucie

214

Edit Address



PORT ST. LUCIE, FL 34952 US

Name And Address of Person(s) Authorized to Manage Limited Liability

Company

Title Executive Officer

Francois , Paul A

1950 SE Port Saint Lucie Blvd

214

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Edit or Delete Manage



Title Operating Officer

McBride , Stephon L

1950 SE Port Saint Lucie Blvd

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Title Financial Officer

Sinclair , Andrea

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Title Human Resources Officer

Francois , Pilaire A

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Title Site Officer

Henderson , Helen

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Title Training Site Supervisor

La Calandra , Kurt J

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Title AMBR, Supervisor

Rochebrun , Audelin

1950 SE Port Saint Lucie Blvd

214

PORT ST. LUCIE, FL 34952 US

Edit or Delete Manage



Add New Manager/Authorized Member/Authorized Representative?



Important Notice: You may now list a total of 150 principals (i.e., officers, directors, managers, authorized representatives, etc.) on your online annual report. Our office no longer accepts attachments. If no additional managers/authorized members/authorized representatives are needed, move on to Step 2.

2 of 6 - Order a Certificate of Status?

Do you want a Certificate of Status?



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