

L10000026720

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(Document Number)

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14 JUN 17 PM 2:42

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:

- \$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

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 "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)

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DIVISION OF CORPORATIONS
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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

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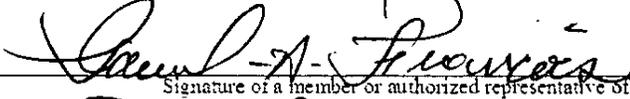
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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



Signature of a member or authorized representative of a member

Paul A. Francois

Typed or printed name of signee

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DIVISION OF CORPORATIONS
SECRETARY OF STATE
FLORIDA

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

14 JUN 17 PM 2:43
SECRETARY 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
PORT ST. LUCIE, FL 34952 US

Edit or Delete Manage



Title Operating Officer
McBride , Stephon L
1950 SE Port Saint Lucie Blvd
214
PORT ST. LUCIE, FL 34952 US

Edit or Delete Manage



Title Financial Officer
Sinclair , Andrea
1950 SE Port Saint Lucie Blvd
214
PORT ST. LUCIE, FL 34952 US

Edit or Delete Manage



Title Human Resources Officer
Francois , Pilaire A
1950 SE Port Saint Lucie Blvd
214
PORT ST. LUCIE, FL 34952 US

Edit or Delete Manage



Title Site Officer
Henderson , Helen
1950 SE Port Saint Lucie Blvd
214
PORT ST. LUCIE, FL 34952 US

Edit or Delete Manage



Title Training Site Supervisor
La Calandra , Kurt J
1950 SE Port Saint Lucie Blvd
214
PORT ST. LUCIE, FL 34952 US

Edit or Delete Manage



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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES
14 JUN PM 2:42

2 of 6 - Order a Certificate of Status?

Do you want a Certificate of Status?

