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COVER LETTER

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3 011 3150			ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Hector Delgado		
		Veterans Alert Systems	Name of Person	
	Name of Person Veterans Alert Systems Firm/Company 3468 Canal Court Address Jupiter City/State and Zip Code Florida E-mail address: (to be used for future annual report no further information concerning this matter, please call: tor Delgado 561 319-3400 at ()			
		Jupiter	Address	
		Florida	City/State and Zip Code	
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		oncerning this matter, please co	all:	
Hector I.	_	f Person		e Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25,0	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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Micdelis Holdings, 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 $\frac{5/7/2010}{}$ Florida document number L100000049183 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Veterans Alert Systems, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3468 Canal Court Enter new principal offices address, if applicable: Jupiter, Florida 33469 (Principal office address MUST BE A STREET ADDRESS) 3468 Canal Court Enter new mailing address, if applicable: Jupiter, Florida 33469 (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

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.

City

, Florida

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>	Name	<u>Address</u>	Type of Action
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Please Street about the date of filing: [Infective date, if other than the date of filing: [Infective 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 obes. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed. The 90th day after the record is filed.	_		 .		} —				
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