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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
_		<u></u>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SLUMLAN OF STATE
ALL BRASSFE FLORIDA

K. SALY EXAMINER MAY 6 2011

COVER LETTER

SUBJECT:	DATACELL SEC	URITY & SYSTEMS LLC	·			
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspo	ondence concerning this matte	r to the following:				
	,	AYALA MARCO L SR				
		Name of Person				
	,	AYALA MARCO L SR				
	Firm/Company					
	8950 SW 152ND CT					
		Address				
		MIAMI FL, 33196				
		City/State and Zip Code				
	gere	ncia@grupodatacell.com				
	`	to be used for future annual report notifica	tion)			
For further information co	oncerning this matter, please of	call:				
ava	la marco I sr	at (_786)24	17-1477			
Name of		Area Code & Daytime T				
Enclosed is a check for th	ne following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

'Registration Section
Division of Corporations

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



DATACELL SECURITY & SYSTEMS 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 Liab Florida document number L110000174		vere filed on	ORIGINAL	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabil	ity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company	," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:		N/A		·
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered offi	ce address on our	records, enter the	e name of the new
New Registered Office Address:	N/A			
	Enter Florida street address			
		, Florida City Zip Code		
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registed being filed to merely reflect a change in the reg	per and comple ered agent as pr	te performance of l ovided for in Chap	my duties, and I am oter 608, F.S. Or, if	n familiar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GUILLERMO SANTA	NA 8950 SW 152 CT MIAMI,FLORIDA 33196	✓ Add Remove
			Add Remove
			□ Domovo
 			Add Remove
			☐ Add ☐ Remove
			Add Remove
		enter change(s) here: (Attach additional sheets, if nec	cessary.)
-			· ·
_ _ Dated	APRIL 22	, <u>2011</u> .	
	Signature	of a member or authorized representative of a member MARCO L. AYALA SR	<u>.</u> .
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00