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(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
. (Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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T. CLINE JUL 26 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: Security	y Camera World, LLC
	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	m. 14 m
_	Doug McKay Name of Person
_	Security Camera World, Inc.
	Firm/Company
_	12349 SW 53 Street, Suite 205
	Address
	Cooper City, FL 33330
_	City/State and Zip Code
	Doug@SecurityCameraWorld.com
_	E-mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
Doug McKav	at (954) 252-7090 x19
Name of Per	rson Area Code & Daytime Telephone Number
	(
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy 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
"Mr. Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Security Camera Wo	orld, LLC						
(Name of the Limited Liability C (A Florida Lin	Company as it no nited Liability Co	w appears on ou ompany)	r records.)	<u></u>	-		
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed	d on	1	and	assigne	d	
	* 1 to						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limite	ed liability comp	oany here:					
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liabili	ty Company," the	designation "	LLC" or t	he abbre	viation	
Enter new principal offices address, if applicable:		12349 SW 53 Street, Suite 205					
(Principal office address MUST BE A STREET ADDRE	Coo	per City, F	L 33330	AS	23112		
	·			<u> </u>	2 44		
Enter new mailing address, if applicable:				ASSE	25	State of the state	
(Mailing address MAY BE A POST OFFICE BOX)				े _न नैंर्र	<u>**</u>		
				景型	<u>F.</u>		
	1 00 11		. 1	7.00	en s		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ess on our rec	oras, <u>enter</u>	tne nam	e of th	e new	
							
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:			_				
		Enter Flor	rida street ad	dress	_		
			_, Florida		_		
			_	Zip C	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 608, 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

11.14.

· · · •

MGR = Manager

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

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			AST Add
			Romove 1
. <u>.</u>	· · · —		Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	
		je v	
_			
Dated	6/18/	amenda '	
	Signature of a member	Douglas McKay or authorized representative of a member	
Se	curity Camera World, Inc. By:	*	
3-		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00