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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 2 3 2012 T. **HAMPTON**

COVER LETTER

Division of Corporations				
SUBJECT: STYMENT HOUSE Secureity UC				
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:				
Vanessa Autray				
. Name of Person				
Firm/Company				
4800 N Federal Huy, Ste 302A				
Address				
Beca Radion, FL 33431				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Vanessa Dictrey at (561) 347 2325				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of S				
(additional copy is enclosed) Certified Copy (additional copy is enclosed)				
•				
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section				
Division of Corporations Division of Corporations Division of Corporations Cliffon Building				
Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF SIAMONS
ON ISON OF CONFORMIONS
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(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 9/15/2011 and assigned Florida document number LII 0 00 105 924

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 "L.L.C."	"Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4800 N Fode	real Hwu		
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
11. M. Spir Office was 1255 1 BZ / STREET THE SKILL	Boca Rato	n, FL 33431		
Enter new mailing address, if applicable:	4800 N FE	ederal Huy		
(Mailing address MAY BE A POST OFFICE BOX)	Boca Rate	M.FL 3348/		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, enter the name of the new		
Name of New Registered Agent:	····			
New Registered Office Address:				
	Enter Floria	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 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 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:

MGR = Manager

MGRM = Managing Member **Title** Name **Address** Type of Action ☐ Add Remove ☐ Add Remove 🔲 Add 🗀 Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 March 19 Dated_ Signature of a member or authorized representative of a member Vanessa Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00