12000054207

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 12 AUG 13 PM 2: 37

AUG 14 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

SERENOS LA SEGURIDAD 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:

ZORAIDA ORTA

Name of Person

PROFESSIONAL BUSINESS ADVISORS II, INC.

Firm/Company

9485 SUNSET DRIVE SUITE A-200

Address

MIAMI, FL 33173

City/State and Zip Code

ZORTA@PBATAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZORAIDA ORTA

Name of Person

at (305) 596-9333

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

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ARTICLES OF A		12	
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ARTICLES OF ORGANIZATION			
		3 CORLE	
SERENOS LA SE	GURIDAD LLC	PH RPUF	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	2: 3 ⁻	
		~ ~	
The Articles of Organization for this Limited Liability Company	were filed on04/23/2012	_ and assigned	
Florida document numberL12000054207			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		
Enter new mailing address, if applicable:	8202 NW 14 STREET		
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FLORIDA 33126		
B. If amending the registered agent and/or registered off		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	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 Changing Registered Agent, Signature of New Registered Agent

. . .

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:

1

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MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MBR	MAIGUALIDA TORRES	9737 NW 41ST ST APT 518 DORAL_FL_33178	_[7] Add _] Remove -
MBR	DIOGENES G. HERNANDE Z	URB. LA PRADERA EDIF ARAGUANE #45 PISO 1 APTO 2 SANJOAQUIN ESTADO CARABOBO, VENEZUELA	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove

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

THE LLC HAS A FICTITIOUS NAME: GM PROTECTION

<u>F</u>	REGISTRATION NUMBER G12000068278 FILED DATE 07/09/2012	DIVISION 12 AUG
-		- 13 OF CO
Dated	AUGUST, 03 2012	D-SIATE OF SIATE RPORATIONS PH 2: 37
	Signature of a member or authorized representative of a member	
	GERARDO GOMEZ Typed or printed name of signee	 ,,
	Page 2 of 2	