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## **COVER LETTER**

TO: Registration Se Division of Cor						
Serenos	La Seguridad LLC					
SUBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	_				
,	Maigualida Torres					
	<del>- 1, , , , , , , , , , , , , , , , , , ,</del>	Name of Person			-	
	Serenos La Segurid	ad LLC				
		Firm/Company			- 	
	3625 NW 82 Ave Su	ite 101			WILLIAM 24	-1
		Address	<del></del>	· · · · · · · · · · · · · · · · · · ·	- HE 72	CONTRACT CONTRACT
	Doral, FI 33166					
	maigualida@gm-prol				निया <b>भ</b>	<b>.</b>
	E-mail address: (	to be used for future annu	al report notifica	ntion)		
For further information c	oncerning this matter, please ca					
Maigualida Torres		954 at ( )	7017822			
Name o	f Person	Area Code	Daytime T	elephone Numbe	r	
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		Certified	ate of Status &	
	ING ADDRESS:		ET/COURIER	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

Serenos La Seguridad LL	C	
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I L12000054207 Florida document number	Liability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u> N/A	of the limited liability company here:	
The new name must be distinguishable and end with th	words "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		ditt
		(C) 11
Enter new mailing address, if applicable:		15% 22 1
Mailing address MAY BE A POST OFFICE	BOX)	2 型
		70 W
B. If amending the registered agent and registered agent and/or the new registered of		ecords, enter the name of the ne
Name of New Registered Agent:	N/A	
New Registered Office Address:		
<del></del>	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 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.

If Changing Registered Agent, Signature of New Registered Agent

## Authorized Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Diogenes G. Hernandez	Urb. La Pradera Edif. Araguaney #45	
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		Estado Carabobo, Venezuela	Remove
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he date this document is filed by the Florida Departmen October 3 Pated	nt of State)

Page 3 of 3

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