## 112000055471

| •  |
|--|
| (Requestor's Name)                           |
|  |
| (Address)                                    |
|  |
| . (Address)                                  |
|  |
| (City/State/Zip/Phone #)                     |
| PICK-UP WAIT MAIL                            |
|  |
| (Business Entity Name)                       |
|  |
| (Document Number)                            |
|  |
| Certified Copies Certificates of Status      |
|  |
| Special Instructions to Filing Officer:      |
|  |
|  |
| <b>/</b>                                     |
|  |
| <b>                                    </b>  |
| <b>,                                    </b> |

Office Use Only

B. KOHR

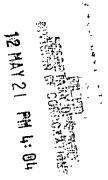
MAY 2 2 2012

EXAMINER



800235041628

05/21/12--01014--013 \*\*25.00



:-

## COVER LETTER

| TO: Registration S Division of Co |  |   | •  |  |
|-----------------------------------|--|---|--|--|
| SUBJECT:                          | ?<br>P N R ALAF  | RM SERVICE LLC  |  |  |
|                                   |  | ted Liability Company                                     |  |  |
|                                   |  |   | <u>*</u>   |  |
| The enclosed Articles of          | f Amendment and fee(s) are sub   | mitted for filing.  | E P  |  |
| Please return all corresp         | condence concerning this matter  | to the following:   | 22   |  |
| <u>.</u>                          |  | JESUS ACOSTA  | TO MAY 21 PM 4: B4   |  |
| 1'                                |  | Name of Person  | <u> </u>   |  |
|                                   |  |   |  |  |
|                                   | PNF  | R ALARM SERVICE I   | <u>LC</u>  |  |
|                                   |  | T with Company  |  |  |
|                                   | 62   | 6206 N. CHURCH AVE.                                       |  |  |
|                                   |  | Address   |  |  |
|                                   |  | TAMPA, FL 33614   |  |  |
|                                   |  | City/State and Zip Code                                   | <del></del>  |  |
|                                   | mic  | cusa2381@gmail.cor  | n  |  |
|                                   |  | •   | ort notification)  |  |
| For further information           | concerning this matter, please c   | all:  |  |  |
| J                                 | lesus Acosta   | at (_727_)  | 272-5222   |  |
| Name                              | of Person  | Area Code &   | Daytime Telephone Number   |  |
| Enclosed is a check for           | the following amount:  |   |  |  |
| \$25.00 Filing Fee                | \$30.00 Filing Fee & Certificate of Status   | \$55.00 Filing Fee & Certified Copy (additional copy is e | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|                                   | 1  | ŧ   |  |  |
| Regis<br>Divis<br>P.O.            | LING ADDRESS:<br>stration Section<br>ion of Corporations<br>Box 6327<br>hassee, FL 32314 | Registratio<br>Division of<br>Clifton Bui                 | Corporations   |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## P N R ALARM SERVICE 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         | d Liability Company were filed on      | 04/24/2012                            | and assigned &                        |
|---|--|---------------------------------------|---------------------------------------|
| Florida document numberL120000                        | 055471                                 |                                       | and assigned                          |
|   |  |                                       | <b>P</b>                              |
| This amendment is submitted to amend the t            | ·<br>following:                        |                                       |                                       |
| A. If amending name, enter the new nam                | e of the limited liability company he  | <u>re</u> :                           |                                       |
|   | USA SURVEILLANCE LLC.                  |                                       |                                       |
| The new name must be distinguishable and end "L.L.C." | with the words "Limited Liability Comp | nany," the designation "L             | LC" or the abbreviation               |
| Enter new principal offices address, if app           | plicable:                              |                                       | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STR               | EET ADDRESS)                           |                                       |                                       |
|   |  |                                       |                                       |
|   |  |                                       |                                       |
| Enter new mailing address, if applicable:             |  |                                       |                                       |
| (Mailing address MAY BE A POST OFFIC                  | CE BOV                                 |                                       |                                       |
|   |  |                                       |                                       |
|   | <u> </u>                               | · · · · · · · · · · · · · · · · · · · |                                       |
| B. If amending the registered agent as                | nd/or registered office address on     | our records, enter t                  | he name of the new                    |
| registered agent and/or the new registered            | <u>l office address here</u> :         |                                       |                                       |
|   |  |                                       |                                       |
| Name of New Registered Agent:                         |  |                                       |                                       |
| New Registered Office Address:                        |  |                                       |                                       |
| New Registered Office Address.                        | Ei                                     | nter Florida street addi              | ress                                  |
|   |  | . Florida                             |                                       |
|   | City                                   | , - 13-13-4                           | 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:

MGR = Manager

| <u>itle</u> | <u>Name</u>                             | Address   | Type of Action |
|-------------|---|---|----------------|
|             |   |   | Add<br>Remove  |
|             | <u> </u>                                |   | Add<br>Remove  |
| If amend    | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.)                     | _              |
| <del></del> | •                                       |   | _              |
| _           |   |   |                |
| ated        | 5/16 20                                 | <u>112</u> .  |                |
|             | TESUS ACOS                              | or or authorized representative of a member  of or printed name of signee |                |

Page 2 of 2

Filing Fee: \$25.00