# L12000087801

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
· ·		

Office Use Only



300246254413

04/08/13--01033--010 \*\*25.00

13 APR -8 PH 3: 3:
SECRETALY OF STATE
ALLOSSEE FI ORIDA

C. LEWIS 9 2013
EXAMINER

## COVER LETTER-

٠ż

TO: Registration Se			
SUBJECT:	1TEC SECURIT	TY GROUP LLC	
•	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARCO	DI ADIAMO	
		Name of Person	
	PROVIDENCE	AVIATION GRULP Firm/Company	LLC
	12360 50	122 <sup>NP</sup> 57. Address	
	MIAMI,	City/State and Zip Code  HAU. CA o be used for future annual report not	<del></del>
	MAINANIO (A) VA	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report not	ification)
For further information c	oncerning this matter, please co		
	4	701	4.7
MAKES 1)	f Person	at ( <u>786)</u> 458 Area Code & Dayti	me Telephone Number
rame (		. How could be buyin	
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		□\$55.00 Filing Fee &	□\$60.00 Filing Fee,

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT

FILED

### TO APR -8 PM 3: 31 ARTICLES OF ORGANIZATION13

•	OF		SECRETARY	OF STATE
. DIGITEC SE (Name of the Limited I	CURITY G	Koup	TALLAHASSI LC	EL, I COMBA
(Name of the Limited L	iability Company a Torida Limited Liabi	s it now appeality Company)	ers on our records.)	
The Articles of Organization for this Limited Lia Florida document number \(\begin{aligned} \L/\lambda & 0000 & 8\end{aligned}\)	bility Company we			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company h	e <u>re</u> :	
PROVIDENCE AVIATION  The new name must be distinguishable and end with	GROUP	LLC		
The new name must be distinguishable and end with "L.L.C."				
Enter new principal offices address, if applica	ble:	12360	Su 1224	33186
(Principal office address MUST BE A STREET	ADDRESS)	MIAN	II, FL	33186
Enter new mailing address, if applicable:	_	12760	5W 122NP	st
(Mailing address MAY BE A POST OFFICE B	- (OX)	MIAM	1 FL 33	st. 186
,		7 - 117() -		
B. If amending the registered agent and/or registered agent and/or the new registered off		e address on	our records, ente	r the name of the new
Name of New Registered Agent:	MARCO	De	ADAMO	
New Registered Office Address:	12360	5w 1	d2 <sup>NO</sup> 57 Inter Florida street a	ddress
	MIAN			33186 Zip Code
	(	Лty		Zıp Соде

### 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	Managing Member		
Title .	<u>Name</u>	Address	Type of Action
		***************************************	Add
			Remove
<u> </u>			LAdd
			Remove
			Add
			Remove
			L Add
			Remove
			Add
			Remove
<del></del>			Add
			Remove

_	FILFD
•	13 APR -8 PM 3:
· _	SECRETARY OF STATE TALLAHASSEE, FLORID
Dated	APRIL 5, 2013.
	Signature of a member or authorized representative of a member
	MANCO DI ADAMO
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00