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(Re	questor's Name)				
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SECRETARY OF STAIL DIVISION OF CORPORATIONS

C. LEWIS

DC+ 9 2012

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WISEWATCH SECURITY SISTI	
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
REGIS FERNANDEZ	
(Contact Person)	
WISEWATCH SECURITY SISTEMS LLC	·.
(Firm/Company)	
6450 W 27TH WAY SUIT 203	
(Address)	
HIALEAH, FL, 33016	
(City/State and Zip Code)	
For further information concerning this matter, please cal	l:
REGIS FERNANDEZ at (786	9254609
(Name of Contact Person) (Area Coc	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for
\$25 Filing Fee	\$55 Filing Fee &
• to a ming a co	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	·

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CR2E079 (5/06)



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 OCT -8 AM 9: 39

WISEWATCH SECURITY SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organizatio	n for this Limited Liability Con	mpany were filed on	7-30-2012	and assigned	
Florida document number _	L12000097805				
This amendment is submitte	ed to amend the following:				
A. If amending name, ent	ter the new name of the limite	ed liability company her	<u>e</u> :		
The new name must be distin "L.L.C."	guishable and end with the words	s "Limited Liability Compa	nny," the designation "I	LC" or the abbreviation	
Enter new principal office	es address, if applicable:				
(Principal office address M	<u>IUST BE A STREET ADDRE</u>	ESS)			
•					
Enter new mailing addres	s, if applicable:				
(Mailing address MAY BE	A POST OFFICE BOX)				
: .					
	istered agent and/or register e new registered office addre		our records, <u>enter (</u>	the name of the new	
Name of New Reg	gistered Agent:				
: <u>New</u> Registered O	office Address:	,			
11011 Registered O	ter Florida street ada	lress			
		, 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 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

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** Name 1 MGR **REGIS FERNANDEZ** 6450 W 27TH WAY SUIT 203 ✓ Add Remove HIALEAH, FL, 33016 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.) 09/10/2012 Dated Signature of a member or authorized representative of a member REGIS FERNANDEZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00