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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Div | ision of Corp | porations | | |
|--------------------|----------------|--|---|--|
| SUBJECT: | Premier Ala | rm Systems Solutions, LLC | | |
| SOBJECT. | | Name of Limi | ited Liability Company | |
| | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | ndence concerning this matter | to the following: | |
| | | Michael Winterton | | |
| | | | Name of Person | |
| | | Premier Alarm Systems So | lutions, LLC | |
| | | | Firm/Company | |
| | | 3804 N Hwy 19A Suite ! | | |
| | | | Address | |
| | | Mount Dora, FL 32757 | | |
| | | | City/State and Zip Code | |
| | | m.winterton@pass-fl.com | | |
| | | | to be used for future annual report noti | neation) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Michael Wir | | | 407 558-1458 at () | |
| | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a | a check for th | e following amount: | | |
| ■ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

MAILING ADDRESS:

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Premier Alarm Systems Solutions, LLC | | |
|---|--|---------------------------|
| (<u>Name of the Limited Li</u> (A Fl | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabili Florida document number L12000137827 | ty Company were filed on 10/30/2012 | and assigned |
| This amendment is submitted to amend the followin | g: | |
| A. If amending name, <u>enter the new name of the</u> | limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" of | the abbreviation "LL.C." |
| Enter new principal offices address, if applicable | | |
| <u>Principal office address MUST BE A STREET Al</u> | DDRESS) | 7 TH T |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | 0 | 1 4 |
| | | **** |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori | da _ |
| | 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

" If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|---------------------------------------|-------------------------|
| MGR | Molly Ann Winterton | 30047 Redoak Avc, Eustis, FL 327:36 | II Add |
| | | | ☐ Remove |
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| Effortis | ve date, if other than the date of filing: (optional) |
| (If an effe | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. |
| | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed. |
|) lile: | Soul day after the record is filed. |
| | 02-01-2017, 1600 |
| Dated _ | |
| Dated _ | |
| Dated _ | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00