L12000157258

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SECRETARY OF STATE
AND CHASSES

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Simmons Security and Sound PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Simmons

Name of Person

Simmons Security and Sound PLLC

Firm/Company

1154 7th Avenue North

Address

Naples, FL 34102

City/State and Zip Code

msimmons@simmonssecurity.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Simmons

Name of Person

239, 263-2929

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

0.00 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 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

FILED 2013 JUL -1 PM 4:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Simmons Security and Sound PLLC

(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 Liabi	lity Company were filed on Decen	nber 17, 2012 and assigned
Florida document number L12000157258		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or		records, enter the name of the new
registered agent and/or the new registered office	<u>address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Fnter I	Florida street address
	Liner	
-	City	, Florida Zip Code
	✓	I .

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

MGR = Manager MGRM = Managing Member

Title .	<u>Name</u>	Address	Type of Action
MGR	Matthew Zaks	3542 Zanzibar Way	Add
		Naples, FL 34119	Remove
			Remove
			Add
			<u></u>
			Add
			Remove
			Add
			Remove
			Add
			Remove

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ted	
	Signature of a member or authorized representative of a member
	Mark E. Simmons
	Typed of printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE