

L130000018798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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17 DEC 20 PM 3:13
Filing Office
Tallahassee, Florida

O SIMMONS

DEC 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2017

ODEL QUINTANA
4001 NW 11TH ST, #F7
MIAMI, FL 33126

SUBJECT: SATCOM SECURITY CONSULTANTS LLC
Ref. Number: L13000018798

We have received your document for SATCOM SECURITY CONSULTANTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 317A00025297

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

SATCOM Security Consultants

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:

Odel Quintana

Name of Person

SATCOM Security Consultants

Firm/Company

4001 NW 11th St # F-7.

Address

Miami FL 33126

City/State and Zip Code

hd technology Ltd @ Gmail.com

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

For further information concerning this matter, please call:

Odel Quintana

Name of Person

at (786) 234 3550

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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

PAID
check # 1055

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

RECEIVED
JAN 11 1 39 PM '05

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Saton Security Consultants

(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 Liability Company were filed on 01/31/13 and assigned
Florida document number L13000018798.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HO Security Systems & Technology Ltd. LLC

The new name must be distinguishable and contain the word "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4001 NW 11th St #F-7
Miami FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 352802
Miami FL 33185

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

17 DEC 20 11
FBI - NEW YORK

17 DEC 20 PM 3:03

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Wednesday, 12/06/2017

Signature of a member or authorized representative of a member

Edel Quintana
Typed or printed name of signer