#13000020496

(Re	equestor's Name)	
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K.SALY EXAMINER JUN -1 2015

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	CLX HOME	AUTOMATION LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	all correspor	dence concerning this matter	to the following:	
		Heather Beebe		
			Name of Person	- 1, 1 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 1
		CLX Home Automation, L	LC	
			Firm/Company	
		645 Hickman Circle		
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		hbeebe@clxeng.com		
		E-mail address: (to be used for future annual report notific	cation)
For further is	nformation co	ncerning this matter, please ca	all:	
Heather Bee	be		407 878.2774 at ()	
	Name of	Person		Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	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)

TO:

Registration Section

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
2015 MAY 29 PM 4: 04
TAILAMASSEE, FLORIDA

CLX HOME AUTOMATION LLC

(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 $\frac{02/08/2013}{1}$ and assigned Florida document number L13000020496 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 645 Hickman Circle Enter new principal offices address, if applicable: Sanford FL 32771 (Principal office address MUST BE A STREET ADDRESS) 645 Hickman Circle Enter new mailing address, if applicable: Sanford FL 32771 (Mailing address MAY BE A POST OFFICE BOX) 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

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	
MGRM	WALK, MARK R	6301 BORDEAUX CIRCLE		
		SANFORD FL 32771	■ Remove	
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			Add	
			□ Remove	
		·	Change	
			Add Property Change	
			Change	
			□ Remove	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00