

#L13000105654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

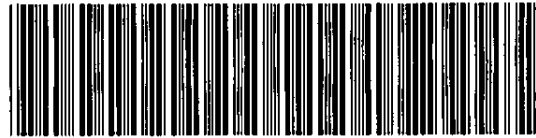
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600253334636

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 NOV -4 PM 1:46  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2013 NOV -4 AM 10:50  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV - 5 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 848594 7949328

AUTHORIZATION

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : October 16, 2013

ORDER TIME : 11:49 AM

ORDER NO. : 848594-011

CUSTOMER NO: 7949328

DOMESTIC AMENDMENT FILING

NAME: IFS2I MARITIME SECURITY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONDOTTIERI  
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:

KOLTON KROTTINGER  
Name of Person

CONDOTTIERI LLC  
Firm/Company

1421 TANGLEWOOD LN GARLAND TX 75042  
Address

GARLAND TX 75042  
City/State and Zip Code

KKROTTINGER2@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KOLTON KROTTINGER at (250) 530-1491  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
13 NOV -4 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IFS21 MARITIME SECURITY, 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 07/25/2013 and assigned  
Florida document number L13000105654.

This amendment is submitted to amend the following:

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

CONDOTTIERI LLC

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

Enter new principal offices address, if applicable:

1310 W. TEN MILE ROAD

(Principal office address MUST BE A STREET ADDRESS)

CANTONMENT, FL 32533

Enter new mailing address, if applicable:

(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

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GOLDVEIN SA	1310 W. TEN MILE ROAD	<input checked="" type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

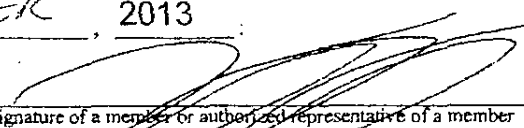
---

---

---

---

Dated 22 OCTOBER, 2013

  
Signature of a member or authorized representative of a member

KOLTON G. KROTTINGER, MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00