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(Red	questor's Name)	
(Add	dress)	
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COVER LETTER

TO:	Registration S Division of C			
SUBJEC		CED ELECTRIC AND FIRE A	LARM LLC	
SOBJEC	~1	Name of Lin	nited Liability Company	···
The encl	osed Articles (of Amendment and fee(s) are sub	omitted for filing.	
Please re	tum all corres	pondence concerning this matter	to the following:	
		WALFORD GREEN		
			Name of Person	
		ADVANCED ELECTRIC	AND FIRE ALARM LLC	
			Firm/Company	
		6981 SW 25 STREET		
		·	Address	
		MIRAMAR, FL 33023		
			City/State and Zip Code	
		WSGREEN55@HOTMA		
For furth	er information	concerning this matter, please c	to be used for future annual report notificall.	cation)
		concerning this matter, pieuse e		
WALFO	RD GREEN		754 234-4130 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
₩ \$25.0	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)
		LING ADDRESS: stration Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED ELECTRIC AND FIRE ALARM LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06}{100}$ Florida document number $\frac{114000088175}{1000088175}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	≅ ×s
	JUL DON
	STARTE CONTRACTOR CONT
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	5
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida 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>	Address	Type of Action
AMBR	DANE PALMER	21255 NE 8 CT, MIAMI, FL 3317	
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te: If the date inserted in this	he date of filing:	
record specifies a delay he 90th day after the r	red effective date, but not an effective t ecord is filed.	ime, at 12:01 a.m. on the earlier
JULY 6	. 2018	
_ When	Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00