

Aug. 18. 2014 05:28

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Division of Corporations

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# Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone : (407) 932-0040

Fax Number : (407) 520-5473

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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14 AUG 19 AM 6:40  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

### AMND/RESTATE/CORRECT OR M/MG RESIGN ALARM VIDEO SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

14 AUG 20 2014

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALARM VIDEO SOLUTIONS LLC**

*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:

**MANUEL A. CASTRILLO**

*Name of Person*

**ALARM VIDEO SOLUTIONS LLC**

*Firm/Company*

**14001 OSPREY LINKS RD APT 351**

*Address*

**ORLANDO, FL 32837**

*City/State and Zip Code*

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

For further information concerning this matter, please call:

**MANUEL A. CASTRILLO**

*Name of Person*

**at 205 5662008**

*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)

**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ALARM VIDEO SOLUTIONS 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 06/04/2014 and assigned Florida document number L14000090189.

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 end with the words "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)**

**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:**

MANUEL A. CASTRILLO

**New Registered Office Address:**

14011 OSPREY LINKS RD APT 351

Enter Florida street address

ORLANDO

Florida 32837

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MANUEL A. CASTRILLO OLIVEROS	14001 OSPREY LINKS RD APT 351	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Remove
		UNITED STATES	
MGR	MANUEL A. CASTRILLO	14011 OSPREY LINKS RD APT 351	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
		UNITED STATES	
MGRM	PASTORA P. DE CASTRILLO	14011 OSPREY LINKS RD APT 351	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
		UNITED STATES	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

NONE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 15, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**MANUEL A. CASTRILLO**

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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