

W14 000097771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

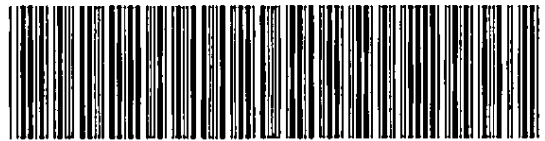
(Business Entity Name)

(Document Number)

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22 APR 22 AM 9:46

CLERK OF STATE  
DIVISION OF CORPORATIONS

T. MATTHEWS

JUN - 8 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SECURITY ONLINE 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:

LUIS GONZALEZ

Name of Person

SECURITY ONLINE SOLUTIONS, LLC

Firm/Company

1867 NW 97 Avenue, Suite 105

Address

Doral, FL 33172

City/State and Zip Code

luis@securityonlinesolutions.com

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

For further information concerning this matter, please call:

Luis Gonzalez

786

287-4756

at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 APR 22 AM 9:46

SECURITY ONLINE 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 June 8, 2014 and assigned  
Florida document number LI4000097771.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Guillermo I Cuadra

New Registered Office Address:

8200 NW 41st Street, Suite 200

*Enter Florida street address*

Doral

Florida 33172

*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

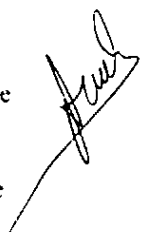


If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Gustavo Cardozo	1867 NW 97 Avenue Suite 105	<input type="checkbox"/> Add
		Doral, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Luis Gonzalez	1867 NW 97 Avenue Suite 105	<input type="checkbox"/> Add
		Doral, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis Gonzalez	1867 NW 97 Avenue Suite 105	<input checked="" type="checkbox"/> Add
		Doral, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change



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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

*[Handwritten signature]*

Typed or printed name of signee