

L14000114856

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 NOV -4 PM 6:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV - 5 2015

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

AGENT MED ALERT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 07/21/2014 and assigned  
Florida document number L14000114856.

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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

8411 W Oakland Park Blvd #304

Sunrise, FL 33351

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8411 W Oakland Park Blvd #201

Sunrise, FL 33351

**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 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>                      |
|--------------|-------------------|-------------------------------|--------------------------------------------|
| MGR          | Chris L Brown     | 8411 W Oakland Park Blvd #304 | <input type="checkbox"/> Add               |
|              |                   | Sunrise, FL 33351             | <input checked="" type="checkbox"/> Remove |
|              |                   |                               | <input type="checkbox"/> Change            |
| MGR          | NU ENERGY GROUP   | 1994 E Sunrise Blvd #223      | <input type="checkbox"/> Add               |
|              |                   | Fort Lauderdale, FL 33351     | <input checked="" type="checkbox"/> Remove |
|              |                   |                               | <input type="checkbox"/> Change            |
| MGR          | CS America TR LLC | 8411 W Oakland Park Blvd #201 | <input checked="" type="checkbox"/> Add    |
|              |                   | Sunrise, FL 33351             | <input type="checkbox"/> Remove            |
|              |                   |                               | <input type="checkbox"/> Change            |
|              |                   |                               | <input type="checkbox"/> Add               |
|              |                   |                               | <input type="checkbox"/> Remove            |
|              |                   |                               | <input type="checkbox"/> Change            |
|              |                   |                               | <input type="checkbox"/> Add               |
|              |                   |                               | <input type="checkbox"/> Remove            |
|              |                   |                               | <input type="checkbox"/> Change            |
|              |                   |                               | <input type="checkbox"/> Add               |
|              |                   |                               | <input type="checkbox"/> Remove            |
|              |                   |                               | <input type="checkbox"/> Change            |

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

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JUN 14 1964  
FBI - TAMPA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 21, 2015

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Chris L. Brown

Typed or printed name of signee