14000/60592

(Requestor's Name)				
(Address)				
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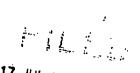
то:		gistration Sec ision of Corp					
SHR	JECT:		ED TECHNOLOGIES & SECU	URITY GROUP LLC			
500	MI.C.1.		Name of Lim	ited Liability Company			
The	enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se returr	all correspo	ndence concerning this matter	to the following:			
			JOSE B. DRAGUSTINOV	/IS			
				Name of Person			
				Firm/Company			
			510 NW 86TH PL UNIT 106 Address				
			MIAMI, FL 33126				
		City/State and Zip Code					
			E-mail address: (to be used for future annual report i	notification)		
For f	further i	nformation co	oncerning this matter, please ca	all:			
JOSE B DRAGUSTINOVIS		305 506-7948					
		Name of	Person Person	at ()	time Telephone Number		
Encl	osed is a	a check for th	e following amount:				
■ \$	\$25.00 F	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

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



17 JUL 24 AM 9: 08

ADVANCED TECHNOLOGIES & SECURITY GROUP 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		on 10/15/2014	and assigned
Florida document number L14000160592			
This amendment is submitted to amend the fol	flowing:		
A. If amending name, enter the new name	of the limited liability compa	n <u>v here</u> :	
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 appli	cable: N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	N/A		
Enter new mailing address, if applicable:	INA	<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and	l/or registered office addres	ss on our records	s, enter the name of the nev
registered agent and/or the new registered of			
	N/A		
Name of New Registered Agent:	1971		
New Registered Office Address:			
	Ente	er Florida street addres	is .
		, Flo	orida
	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>	Type of Action
MBR	MARCEL M. GONZALEZ	8160 GENEVA CT	∃ Add
		UNIT A-312	☐ Remove
		DORAL, FL 33166	Change
	 	 	
			☐ Remove
			Change
	- -		
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
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			Remove
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	N/A	
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.	of:
Dated	7/19/2017	
	Signature of a member of authorized representative of a member	
	LOSE BENTO DRAGOSTINOVIS Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00