

Division of Corporations

Page 1 of 4
09/08/2015

FILED
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
071835

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.

(((H15000216242 3)))



H150002162423ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : API PROCESSING
Account Number : T20110000069
Phone : (954) 567-0013
Fax Number : (954) 567-3401

2015 SEP -8 A 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED SECURITY INNOVATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 SEP -8 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 08 2015
JANICE
9/8/2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Security Innovations 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 04/23/2015 and assigned
Florida document number L15000071835

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2015 SEP -8 A 10 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	Jose Barroso	8334 NW 56th Street	☒ Add
		Doral, FL 33166	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2015 SEP - 8 PM 10:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H15000216' 242.3

Page 4 of 4

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

2005 SEP -8 A 10 2L
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

四

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.

Dafid

Signature of a member or authorized representative of a member

David Trujillo

Types or printed name of signer