# L15000/19311

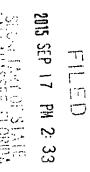
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

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Global Sec	curity Alarm, LLC.	·.		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christopher Varca			
		Name of Person	<del></del>	
Clobal Security Alarm, LLC.  SUBJECT:  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:  Christopher Varca  Name of Person  Global Security Alarm, LLC.  Firm/Company  450 N.E. 5th Street, Suite 6  Address  Fort Lauderdale, FL 33301  City/State and Zip Code  cvarca@globalsecurityalarm.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christopher Varca  786  Name of Person  Area Code  Daytime Telephone Number  Senclosed is a check for the following amount:  \$\frac{1}{2}\$\$\$ \$30.00 Filing Fee & \$\frac{1}{2}\$				
	<del>• x + •</del>	Firm/Company	<del></del>	
	450 N.E. 5th Street, Suite	5		
Address				
	Fort Lauderdale, FL 33301		,	
City/State and Zip Code				
City/State and Zip Code cvarca@globalsecurityalarm.com				
For further information of	concerning this matter, please co	all:		
Christopher Varca				
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	

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 ORGANIZATION OF

FILED

2015 SEP 17 PM 2: 33

Global Security Alarm, LLC.

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) AHASSEE, FLORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned L15000119311 Florida document number 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) 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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name

Title	Name	Address	Type of Action
MGR	Paul M. Schatz	2215 NW 14 St. Delray, FL 33445	Add
			□ Remove
			□ Change
			Add
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(If an e	ctive date, if other than the date of filing:	.0207 (3)(b) ed as the
(f the ro (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.	er of:
Date	d September 1 , 2015	
	Signature of a member or authorized representative of a member	
	Christopher A. Varca	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00