L15000/69552

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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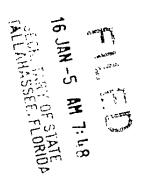
Office Use Only



300280350273 L15-169552

01/05/16--01003--025 **25.00

Amend



JAN -5 2016 N. CAUSSEAUX

COVER LETTER

	gistration Sec vision of Corp			,
aup in cer	AMAZONA	S SEGURIDAD ELECTRON	IICA LLC	
SUBJECT:		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-	-	
		JOSE L. MEDINA		
			Name of Person	
		AMAZONAS SEGURIDA	D ELECTRONICA LLC	
		- 	Firm/Company	
		6201 WESTGATE DRIVE	E, APT# 1306,	
			Address	
		ORLANDO, FLORIDA 32	2835	
			City/State and Zip Code	
		JOSELUISMEDINA 1961@	GMAIL.COM to be used for future annual report notifica	
For further in	nformation co	ncerning this matter, please ca	_	nion)
JOSE L ME	DINA		407 9278941 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	a check for the	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

AMAZONAS SEGURIDAD ELEC			
(Name of the Limit	<u>d Liability Company as</u> A Florida Limited Liabili	it now appears on our re ty Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L15000169552	ability Company were	e filed on OCTOBER :	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Co	ompany," the designation	'LLC" or the abbreviation ".L.C."
Enter new principal offices address, if applica	able:		- C - Autri
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	<u></u>		SET STA
(Mailing address MAY BE A POST OFFICE	<u></u>		10°
B. If amending the registered agent and/ registered agent and/or the new registered of		address on our rec	ords, enter the name of the new
Name of New Registered Agent:	JOSE L MEDINA		
New Registered Office Address:	6201 WESTGATE I	DRIVE, APT #1306	
		Enter Florida street a	ddress
	ORLANDO		, Florida <u>32835</u>
		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

Page 1 of 3

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>	Address	Type of Action
VP	ECHEZURIA-MEDINA, GLADY \$	6201 WESTGATE DRIVE #1306	
		ORLANDO, FL 32835	■ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			A A S S C Remove
			OF Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

	(の): (の): (の): (の): (の): (の): (の): (の):
	APT E 8
	7
Effec	tive date, if other than the date of filing: 12/28/2015 (optional) frective 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 (
If an e	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
If an e Note:	ment's effective date on the Department of State's records.
If an e Note: docur	ment's effective date on the Department of State's records.
If an e Note: document	ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
(If an e Note: document the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
If an e Note: document he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. 1 December 28 , 2015 .
If an e Note: document he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
(If an e Note: document	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. 1 December 28 , 2015 .

Page 3 of 3

Filing Fee: \$25.00