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requestor's Name)
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Office Use Only



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J. HARRIS

COVER LETTER

Division of Corpo			
SUBJECT:	vertus Sec	urity, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Ghri.	stian Infant	TU
	Certus	Security, LL	0
	9600 nv	Firm/Company 79th aven u- Address	<u>e</u>
		Gardens, FL 3	
		City/State and Zip Code Of fm fervice Do be used for future annual report notifies	
For further information cond	cerning this matter, please cal	II:	
Christina	Osorio	at (305) 818 - 2	1424 ext. 26
Name of Po	erson	Area Code Daytime T	elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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**

Certus Securit (Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	HIGHEON GARDENS, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9600 nw 79th avenue Higheah Gardens, FL 33016
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
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(If an effect	e date, if other than the date of filing: (optional) tive 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 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed att's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier 0 0th day after the record is filed.
	4/22/ 2016
Dated	$\frac{1}{2}$, $\frac{1}{2}$.
	### 32.c.
	Signature / Amember or authorised representative of a member
	Christian Infante
	Christian Infante Typed or printed name of signee
	Christian Infante

Filing Fee: \$25.00