L1600015305

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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May 27, 2016

BRYEN K. ROGERS 2524 GRASSY POINT DR, UNIT 102 LAKE MARY, FL 32746

SUBJECT: U.S. CRIME PREVENTION, LLC.

Ref. Number: L16000015305

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 416A00011314

COVER LETTER

SUBJECT:	US CRIME I	PREVENTION, LLC.			
	Name of Lim	ited Liability Company			
		,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		BRYEN K ROGERS			
		Name of Person			
	US CRIME PREVENTION, LLC. Firm/Company				
•	20				
		9 ORANGE RIDGE CIRCLE			
		Addr e ss			
	:	LONGWOOD, FL. 32779			
		City/State and Zip Code			
		BRYEN@YAHOO.COM to be used for future annual report notif	cation)		
For further information of	concerning this matter, please ca	ની!:			
BRYEN K ROGERS	•	407 670-5699			
Name o	f Person	Area Code Daytime	Telephone Number		
		c.			
Enclosed is a check for the	he 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:

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TO:

Registration Section
Division of Corporations

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

US CRIME PREVENTION, LLC.		
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed	on JANUARY 22, 2016	_ and assigned
Florida document number L16000015305		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
UNDERGROUND PRODUCTS, LLC.	,	
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbre	
Enter new principal offices address, if applicable:	57 gg	(C)
(Principal office address MUST BE A STREET ADDRESS)		(E) a reason
	:7~	
	, , , , ,	> ;
Enter new mailing address, if applicable:	STA.	<i>♣</i>
(Muiling address MAY BE A POST OFFICE BOX)	Drii A	ل َّهُ .
	مبر 'غ: 	an Ka ^T
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter th</u> e	e name of the n
Name of New Registered Agent:		
New Registered Office Address:		
En	nter Florida street address	
	, Florida	
City		Zıp 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

1GR = M .MBR = A	Aanager Authorized Member	•	
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
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If amending any other information,	enter change(s) here: (Attach addition	al sheets, if necessary.)	
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Note: If the date inserted in this block de	of filing: existic and cannot be prior to date of filing or more ones not meet the applicable statutory filing re ment of State's records.	equirements, this date will not be list	5.0207 (ted as ti
he record specifies a delayed effe The 90th day after the record i	ective date, but not an effective tims filed.	ne, at 12:01 a.m. on the earli	er of:
Dated	, 2016		
		23	
Signa	ture of a member or authorized representative of	a member	
BRYEN K ROGERS		RETAR	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee		
	Page 3 of 3	D STATE STATE	
	Filing Fee: \$25.00	> m	