

L16000071328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
SEP 23 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INTELLI-TEC SECURITY, LLC

\_\_\_\_\_  
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:

\_\_\_\_\_  
Name of Person

INCORPORATING SERVICES, LTD.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32301

\_\_\_\_\_  
City/State and Zip Code

dpida@rrms.com and bfundalinks@hancocklaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA

656-7956

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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**

Intelli-tec Security, 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 April 12, 2016 and assigned  
Florida document number L16000071328.

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

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>
President & CEO	Russell MacDonnell	400 West Division Street	<input checked="" type="checkbox"/> Add
		Syracuse, New York 13204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, Treasurer & CFO	David Pida	400 West Division Street	<input checked="" type="checkbox"/> Add
		Syracuse, New York 13204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Margaret Cominsky	400 West Division Street	<input checked="" type="checkbox"/> Add
		Syracuse, New York 13204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 2017 SEP 22 A 2:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(b) The 90th day after the record is filed.

Dated September 22 2016

Paul L. He Donald  
Signature of a member or authorized representative of a member

**Russell MacDonnell, sole Member, Manager and President/CEO**  
 \_\_\_\_\_  
 Typed or printed name of signer

Page 3 of 3

**Filing Fee: \$25.00**

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2017-07-22 A 2:00  
CLERK OF STATE  
TAMPA FLORIDA