L16000011328

(Requestor's Name)
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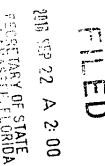


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DEPARTMENT OF STATE

S Warren SEP 23 2016



COVER LETTER

Division of Cor	porations					
INTELLI-T SUBJECT:	EC SECURITY, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter t	to the following:				
		Name of Person				
	INCORPORATING SERVICES, LTD.					
		Firm/Company				
	·					
		Address				
	TALLAHASSEE, FL 3230	1				
City/State and Zip Code						
	dpida@rrms.com and bfundalinksi@hancocklaw.com					
E-mail address: (to be used for future annual report notification)						
For further information c	oncerning this matter, please ca	ill:				
MELISSA		656-7956				
Name o	f Person	at () Area Code Day	time 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:

TO:

Registration Section

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 Lability Comme (A Florida Limited	ny as it now appears on our records.) 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 liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		ests
		222 3
		37
Enter new mailing address, if applicable:		- 설립 ·3 👢
(Mailing address MAY BE A POST OFFICE BOX)	****	
		E 07
		22 0
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>en</u> <u>e</u> :	ter the same of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street acidress	
	, 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

Title	Name	Address	Type of Action
President & CEO	Ruxsell MacDonnell	400 West Division Street	= Add
		Syracuse, New York 13204	□ Remove
			☐ Change
MGR, Treas <u>urer &</u> CFO	David Pída	400 West Division Street	■ Add
		Syracuse, New York 13204	C Remove
			Change
Secretary	Margaret Cominsky	400 West Division Street	Add
		Syracuse, New York 13204	D Remove
			Change
	-		
			C Remove
			☐ Change
	Managery and the state of the s		□ Add
			☐ Remove
			72
			Regione D C

D. If among	dha env oi	har informa	ion enter ob	ango(s) hore	n. Meach a	dulision of above	its, if necessar	ì	
D. 11 amega	ang any or	Hei Illiotilisi	iou, carer cu	ange(s) nere	e: (Allach ac	willonal snee	us, y necessor	y,) 	
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(If an effecti Note: If a document	ve date is liste the date inser 's effective of d specifies	rted in this blo date on the De s a delayed	be specific and c ck does not me partment of Su effective da	centrot be prior- cet the applica ate's records.	able statutory	filing requirem	nents, this date) Pursuant to 605. will not be liste	d as the
(b) The 90	Oth day af	ter the reco	rd is filed.	·		·			
Dated	ptember	<u> </u>		2016	_·				
	Ju.	dt X Z	ignature of a m	ember or autho	orized represent	ative of a memb	er		***************************************
	Russell Ma	scDonnell, sol	Member, Ma	nager and Pre	sident/CEO				
				Typed or printe	ngir lo smen b	te			្វី ក្រា
				Page	3 of 3				
				Filing Fe	ee: \$25,00			TATE	2: 00