

H16000071328

(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:

Office Use Only



200320618612

FILED

2018 NOV - 5 PM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

18 NOV - 6 AM 10:46

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

UHS  
11-7-18



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/06/2018

Name: Merritt Walker

Reference #: 1010425

Entity Name: INTELLI-TEC SECURITY, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: MW

① CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

② EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN: ENGLAND & WALES  
REGISTRY #8010712  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

③ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

## 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:

Michelle Smith

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

Bousquet Holstein PLLC

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

110 W. Fayette Street, Suite 1000

\_\_\_\_\_  
Address

Syracuse, New York 13202

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

dpida@rrms.com and msmith@bhlawpllc.com

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

For further information concerning this matter, please call:

Michelle Smith

at ( 315 )

701-6384

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

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 1.16000071328.

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

City

Florida

2016 NOV - 6 PM 11:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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	Russell MacDonnell	400 West Division Street	<input type="checkbox"/> Add
		Syracuse, New York 13204	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Weston MacDonnell	1200 Clint Moore Road, Suite 5	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Russell MacDonnell	400 West Division Street	<input type="checkbox"/> Add
		Syracuse, New York 13204	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Weston MacDonnell	1200 Clint Moore Road, Suite 5	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Chairman	Russell MacDonnell	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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

8:48 AM 6 PM 11/3/19  
 SECRETARY OF STATE  
 TAL BAHASSEE, EL

FILED

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Paul H. H. H. H.  
Signature of a member of authority

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
JAN 6 PM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL