

L16000089730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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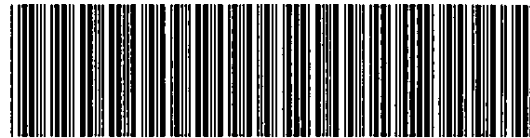
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

OCT 11 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTA BARBARA SECURITY CONTROLS & TECHNOLOGIES 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:

SAO PEDRO VOLZ

Name of Person

SS LAW GROUP LLC

Firm/Company

150 SE 2ND AVE, STE 505

Address

MIAMI, FL 33131

City/State and Zip Code

MANAGEMENT@UDTINTERNATIONAL.COM

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

For further information concerning this matter, please call:

SAO PEDRO

Name of Person

at (305) 878-1516

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SANTA BARBARA SECURITY CONTROLS & TECHNOLOGIES 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 05/06/2016 and assigned
Florida document number L16 0000 89730.

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>
AMBR	PALAVECINO, JUAN FELIPE	AV. PRAIA DE SAO CONRADO	<input type="checkbox"/> Add
		16.00: C1, LT 16	<input checked="" type="checkbox"/> Remove
		LAURO DE FREITAS, BA 42700-000 BR	<input type="checkbox"/> Change
AMBR	PALAVECINO, JUAN FELIPE	150 SE 2 ND AVE, STE 505	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARIO FILIPPELLI, CHRISTIAN	RUA LUIZ LERCO, 355	<input type="checkbox"/> Add
		TORRE 1, Apt 901	<input checked="" type="checkbox"/> Remove
		LONDRINA, PR 86047-610 BR	<input type="checkbox"/> Change
AMBR	DARIO FILIPPELLI, CHRISTIAN	150 SE 2 ND AVE, STE 505	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 11 11:37 AM '11

