L16000089730

(Requestor's Name)	
(Address)	70029
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/11/16
(Document Number)	
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COVER LETTER

. División of Cor	porations		* *
SUBJECT: SANT		URITY CONTROLS &	TECHNOLOGIES LLC
		y	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	50 <u>5</u> C) PEDRO VOLZ	
		Name of Person	
	53	LAW GROUP LLC Firm/Company	
		Рипреопрану	
	150 56	, 2 ND AVE. STE 505	
		Address	
	MiAmi	FL 33131 City/State and Zip Code	
	E-mail address: (TOTINTERNATIONAL. CONTO be used for future annual report not	1 ification)
For further information c	oncerning this matter, please c		
	DRO	at (<u>305</u>) <u>R78 - 151</u> Area Code Daytin	6
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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

MAILING ADDRESS:

Registration Section

TO:

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**

CONTROLS & TECHNOLOGIES BARBARA (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 <u>L16 0000 89 730</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or the	e 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:		grand Process Alberta Process	
(Mailing address MAY BE A POST OFFICE BOX)		000 mm 20 20 20 42	To the ball of the
		OF ST	n m
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our records ent	et the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Florida street address	,
		, Florida	
	City	, 1 101144	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>	Address	Type of Action
AMER	PALAVECINO, SUAN FELIPE	AV: PRAIA DE SAO CONRADO	
		16.00:01, LT16	Remove
		LAURO DE FREITAS, BA 42700-000	BL □ Change
AMBR	PALAVECINO, JUAN FELIFE	150 SE 2 ND AVE, STE 505	tv Add
		MIAMI, FL 33131	□ Remove
			Change
AMBA	DARIO FILIPPELLI, CHRISTIAN	RUA WIZ LERCO, 355	
		TORRE 1, Apt 901	Remove
		LONDRINA, PR 86047-610 BR	Change
AMBR I	DARIO FILIPPELLI CHRISTIAN	150 SE 2ND AVE, STE 505	N Add
		MîAMI, FL 33131	Remove
			Change
		*255	Add
		(2) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	Remove
			Lighange
		OF STA	·i∷ Add
		DE u	☐ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
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,	
Effect	tive date, if other than the date of filing: (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Dated	October 05, 2016.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00