L16000135361

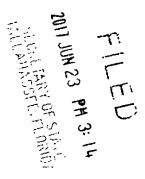
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K. SALY JUN 27 2017

COVER LETTER

TO: Registration Division of C			
	EYE SECURITY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
•	of Amendment and fee(s) are sub-	-	
Please return all corres	pondence concerning this matter	to the following:	
	SHARON BLACK		
		Name of Person	
	URBANEYE SECURITY	LLC	
		Firm/Company	
	2295 S HIAWASSEE RD	SUITE 213	
		Address	
	ORLANDO, FL 32835		
		City/State and Zip Code	
	sblack@urbaneyesecurity.co	om to be used for future annual report note	tication)
For further information	n concerning this matter, please co	·	(Control)
AAMIR WAHEED		407 \$10-7660	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r 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

2017 JUH 23 PH 3: 14

URBANEYE SECURITY, LLC.

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

		1.0590°
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L16000135361}{L16000135361}$	ompany were filed on	7/19/2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company	: here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address o ess here:	on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fi	Florida street address
		, Florida
Name Danier and America St.		Zıp Code
New Registered Agent's Signature, if changing Registered		
I have by recognition of the convenience of a second control of the convenience of the co		And the second s

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
MGRM	KEITRA ROBINSON	11433 ARBORSIDE BEND WAY. W.O. Cormerc, FL 34786	Add
			□ Remove
			Change
			Remove
			Remove Add Add Remove
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(If an eff <u>Note:</u>	ve date, if other than the ective date is listed, the date multithe date inserted in this tent's effective date on the I	ust be specific a block does no	and cannot be pric t meet the appli	cable statutory fi	more than 90 days	optional) after filing.) Pursuant to this date will not be	605.0207 Tisted as
75.11	ord specifies a delaye 90th day after the re			ot an effective	e time, at 12:0	01 a.m. on the e	arlier of
			2017				
(b) The	JUNE 21st		2017	· A			

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Filing Fee: \$25.00