L16000145471

(Requestor's Name)	
(Address)	<u> </u>
(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



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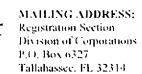
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COVER LETTER

TO:	Registration Se Division of Cor			
		er Systems, LLC		
SUBJ	ECT: =	Name of Lim	ated Liability Company	 .
The c	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Jennifer Noga		
			Name of Person	
		Where You Matter Accoun	nting & Tax Prep, LLC	
			Firm Company	
		PO Box 390005	Name of Person after Accounting & Tax Prep, LLC Firm Company S Address City State and Zap Code unatterig gmail.com and address: (to be used for future annual report notification) ter, please call: 386 575-4112 Area Code Daytime Telephone Number nt: g Fee & \$55.00 Filing Fee & \$60,00 Filing Fee.	
			Address	
		Deltona, FL 32739		
		jnoga,whereyoumatterf@gm		<u></u>
		E-mail address: (Name of Limited Liability Company and fee(s) are submitted for filing. Fring this matter to the following: Name of Person on Matter Accounting & Tax Prep, LLC Firm Company 900005 Address F1, 32739 City-State and Zap Code reyournatter@gmail.com E-mail address: (to be used for future annual report notification) s matter, please call: 386	
For fi	orther information c	oncerning this matter, please c	all:	
Jenni	fer Noga			
	Name o	(Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ac following amount:		
⊟ S:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	-	_



 ${\bf STREET/COURIER\ ADDRESS:}$

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando Fire Systems, LLC					
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears o ited Liability Company)	n our records.)		
The Articles of Organization for this Limited Florida document number L16000145471	Liability Comp	oany were filed on Augu	at 3, <u>2016</u>	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited	liability company here	:		
N/A					
The new name must be distinguishable and contain the	words "Limited !	Liability Company," the design	mation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRES	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)	N/A			-
B. If amending the registered agent and			_	2010 NO	— — Т
B. If amending the registered agent and registered agent and/or the new registered of	d/or registere office address	d office address on o here:	ur records, <u>ent</u>	the pame of the	[_
Name of New Registered Agent:	N/A			CF PH	
New Registered Office Address:		Enter Florida	street address	20 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	_
			, 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.

N/A

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>	Name	Address	Type of Action
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		Altamonte Springs, FL 32701	
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ctive date, if oth effective date is liste 2. If the date inse- ment's effective of	d, the date must rted in this bloo	be specific and ak does not m	cannot be prior to cet the applicab		ore than 90 days		
ecord specifies e 90th day af			ate, but not a	an effective t	ime, at 12:	01 a.m. on t	he earlier
dNo	vember 12	<u>!</u> ,	2019				
V		ionaluro de a n	canber by souther	zed representative	al'a member		

Page 3 of 3

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando Fire Systems, LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited I	Liability Compan	y were filed on August 3, 2016	and assigned
Florida document number L16000145471	<u>. </u>		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the n
Name of New Registered Agent:	N/A		
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.

N/A
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>	Type of Action
	Rafael A. Ocasio-Colon	917 Ballard St	
AMBR			
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		N/A				
If an effective date is I Note: If the date it	other than the date listed, the date must be spenserted in this block do we date on the Departin	ecific and cannot be poes not meet the ap	plicable statutory:	or more than 90 day	(optional) is after filing.) Pursuan is, this date will not	t to 605,0207 (3 be listed as th
	fies a delayed effe after the record is		not an effective	ve time, at 12	:01 a.m. on the	earlier of:
Dated	November 12	2019	$\int_{\mathbb{R}^{2}}$			
	- 7/—		1		•	

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Typed or printed name of signee

Filing Fee: \$25.00