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COVER LETTER

Registration Section Division of Corporations

> Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT:	RATTLESN	AKE SECURITY CAMERA	SYSTEMS LLC		
SUBJECT:		Name of Lim	ited Liability Company		
		mendment and fee(s) are sub	_		
		AHMED A ALZUBAIDI			
			Name of Person		
		RATTLESNAKE SECUR	ITY CAMERA SYSTEMS LLC		
			Firm/Company		
		5448 HOFFNER AVE ST	E#20 8		
Address					رائ استد
		ORLANDO FL 32812		T PERSON	
AHMED.RATTLESNAKE			•		JAN 20
For further in	nformation co	E-mail address: (ncerning this matter, please ca	to be used for future annual report notifi all:	cation)	AH 8: 03
AHMED A	ALZUBAIDI		407 545-1464 at ()		8
	Name of	Person		Telephone Number	_
Enclosed is	a check for the	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y
	MAILI	NG ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RATTLESNAKE SECURITY CAMERA SYSTEMS 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 Compan Florida document number L16000225710	y were filed on 12/13/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5448 HOFFNER AVE STE#208	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32812	್ಷ ಭ
Enter new mailing address, if applicable:	5448 HOFFNER AVE STE#208	7 JAN 20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32812	8: 03
V V V		iter the name of the new
Name of New Registered Agent: HASAN BAI	G	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:		
	Enter Florida street address	
ORLANDO	, Florida	a <u>32819</u>
- · · ·	City	Zip Code

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

ending 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
AMBR	ALZUBAIDI AHMED A	5448 HOFFNER AVE STE#208 O	■ Add
			□ Remove
			Change
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			☐ Remove
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