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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUB	JECT:			
		Name of Lim	nited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		Randy Manescalchi		
			Name of Person	
			Firm/Company	
		7482 Navijo Trail		
			Address	
		Spring Hill Florida 34606		
		rjman68@gmail.com	City/State and Zip Code	
			to be used for future annual report notific	cation)
For f	urther information co	oncerning this matter, please co	all:	
Ranc	ly Manescalchi		727 858-1212 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	e following amount:		
□ \$	525.00 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

Vehicle Monitoring Systems LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recimited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on Jan 03/2017	and assigned
Florida document number L17000002016		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The Marine Gaurdian LLC		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
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Enter new mailing address, if applicable:		Sold of the same
Mailing address MAY BE A POST OFFICE BOX)		7
		- I
		동화 프로그램
If amending the registered agent and/or registe egistered agent and/or the new registered office addre		rds, enter the name of the r
egistered agent and/or the new registered office adure	ss nere:	• •
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		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>	Address	Type of Action
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			□ Remove
•			☐ Change
			Remove
			☐ Change
 		<u> </u>	🗖 Add
			□ Remove
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ective date, if other than	the date of filing:			_ (optional)		
effective date is listed, the date te: If the date inserted in the	must be specific and cannot is block does not meet the	ot be prior to date of he applicable state	filing or more than 90 of	lays after filing.) Pu	rsuant to	605.02
ument's effective date on the				,		
record specifies a dela he 90th day after the		but not an ef	ective time, at 1	.2:01 a.m. on	the e	arlier
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Typed or printed name of signee

Filing Fee: \$25.00