## L11000139218

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 648975

AUTHORIZATION : Tank in Alexan

7977279

COST LIMIT : \$25/00

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ORDER DATE : April 7, 2023

ORDER TIME : 2:54 PM

ORDER NO. : 648975-005

CUSTOMER NO: 7977279

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## DOMESTIC AMENDMENT FILING

NAME: ACCESS CONTROL TECHNOLOGIES

ACT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:



April 10, 2023

CSC

Please give original submission date as file date.

SUBJECT: ACCESS CONTROL TECHNOLOGIES ACT, LLC

Ref. Number: L17000139218

We have received your document for ACCESS CONTROL TECHNOLOGIES ACT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Amendment was missing page (2).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 523A00008017



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 ACR -7 AH 8: 56

S. PETRAY OF STATE

ACCESS CONTROL TECHNOLOGIES ACT, 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        | Company were filed on 06/27/2017                   | and assigned                 |
|--|--|------------------------------|
| Florida document mumber L17000139218                           |  | and assigned                 |
| This amendment is submitted to amend the following:            |  |                              |
| A. If amending name, enter the new name of the lin             | mited liability company here:                      |                              |
| ACCESS CONTROL TECHNOLOGIES, LLC                               |  |                              |
| The new name must be distinguishable and contain the words "Li | Imited Liability Company," the designation "LLC"   | or the abbreviation "I_1_C." |
| Enter new principal offices address, if applicable:            |  |                              |
| (Principal office address MUST BE A STREET ADD                 | PRESS)   |                              |
|  |  |                              |
|  |  |                              |
| Enter new mailing address, if applicable:                      |  |                              |
| (Mailing address MAY BL A POST OFFICE BOX)                     |  |                              |
|  |  |                              |
|  |  |                              |
| B. If amending the registered agent and/or registere           | ed office address on our records, <u>ent</u> er th | 6 name of the new resistered |
| agent and/or the new registered office address here:           |  |                              |
| No. on our   |  |                              |
| Name of New Registered Agent:                                  |  |                              |
| New Registered Office Address:                                 |  |                              |
|  | Enter Florida street address                       |                              |
| · .  | , Flori  | da                           |
|  | 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 Title Name **Address** Type of Action \_\_\_\_\_ □Remove ———————□Remove Change \_\_\_\_\_ 🗀 Add Change 

|   | ormation, enter change(s) here: (Attach additional sheets, p   |                            |  |
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| document's effective date on th                   | the date of filing:  (outsit be specific and cannot be prior to date of filing or more than 90 days a block does not meet the applicable statutory filing requirements; Department of State's records. | this date will not be list | cd as the                                |
| o record specifies a delayed cife<br>of is filed. | ctive date, but not an effective time, at 12:01 a.m. on the carlier of   | (b) The 90th day after     | the                                      |
| Dated April 5                                     | 2023   |                            |  |
|   | <del>4</del> /   |                            |  |
| ·   | Signature of a member or authorized representative of a member   |                            |  |
| Elliot Kahler, Ganare                             | Counsel for ACCESS CONTROL TECHNOLOGIES ACTLL  | _                          |  |
| , Ookur   | . SOURS OF THE PROPERTY OF THE INOTOGIES VELTTO  | ?                          |  |

Filing Fee: \$25.00