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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Home Security Technology LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Braulio M Canzaler
Home Security Technology UC Firm/Ompany
5814 3151 CT E Address
Brodenty F1: 34203. City/State and Zip Code Homese Technology (or annual report notification) E-mail address: (to be used for further annual report notification)
7*i ₂
Braulio M Charalez at Gut, 920-2199 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy} \text{Certified Copy}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

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

Name of the Limited Liability Comp. (A Florida Limited	ECHNOLOGY any as it now appears by Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{17000141953}{}$.	were filed on 0 4	30 2017. and assigned	
This amendment is submitted to amend the following:			
i his amendment is submitted to amend the following.			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		201 201	
		<u> </u>	
		ASSS -	
Enter new mailing address, if applicable:		<u>လည်း</u> တ	
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
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		22 iò.5	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the	2 new
	_ .		
Name of New Registered Agent:			
New Registered Office Address:	·····		_
	Enter Florida sti	eet 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.

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 **Address Type of Action** Compliance Keith S. Morris 10719 Alphare HA Hwg #894 DAdd MANUAGEY POSWEIL, GA. 30077 - Remove ☐ Change □ Add ☐ Add □**!**Remove . __□ Change □ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

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_	day Duar	Signature	2(

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Filing Fee: \$25.00