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c.	in to O'r		IE LINE SURVEILLANCE LI	LC	
50	IBJECT:		Name of Limi	ited Liability Company	
Th	e enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Pl	ase retur	all correspo	ndence concerning this matter	to the following:	
				THOMAS J. HARVEY	
				Name of Person	
			TOP OF	THE LINE SURVEILLANCE LLC	
				Firm/Company	
			391	5 W. PALMETTO STREET	
				Address	
				TAMPA, FL 33607	
				City/State and Zip Code	
			E-mail address: (HOMAS@SERVITODO.NET to be used for future annual report notifi-	cation)
Fo	r further i	nformation co	oncerning this matter, please ca	oU:	
_		THOMAS	J. HARVEY	813 270-155	
		Name of	[Person	Area Code Daytime	Telephone Number
En	closed is	a check for th	e following amount:		
	\$25.00 I	Filing Fee	☐ S30.00 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

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 DEC - 3 PM 3: 44 TOP OF THE LINE SURVEILLANCE LLC (Name of the Limited Liability Company as it now appears on our records ETARY OF STATE (A Florida Limited Liability Company) 12/12/2017 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L17000254082 Fiorida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ___

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II 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
MGR	JOHN D. MARTIN	4606 W. GRAY ST UNIT 203	
		TAMPA, FL 33609	□ Remove
			Change
			□ Remove
			Change
		. 	☐ Remove
			Change
			Add
			Remove
			□ Change
			□ Add
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			Change
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			☐ Change

<u>, -</u>	
	
,	
	date, if other than the date of filing: 11/27/2018 (optional)
Note: If the	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document'	's effective date on the Department of State's records.
If the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Ith day after the record is filed.
	NOVEMBER 27 2018
Dated	DocuSigned by:
	Thomas Harvery
•	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00