

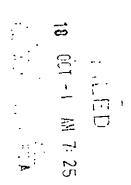
(Re	questor's Name)	
(Ad	dress)	
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(Ĉit	ty/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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O SIMMONS OCT 10 2019

COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:		onics Security & Monitoring,	LLC	
Jobana.		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Brooks C. Miller		
			Name of Person	
		Brooks C. Miller, P.A.		
			Firm/Company	
		100 SE 2nd Street, Suite 39	00	
			Address	
		Miami, FL 33131		
		bmiller@brooksmiller.com	City/State and Zip Code	
		E-mail address: (6	o be used for future annual report notifi	cation)
For further is	nformation co	oncerning this matter, please ca	II:	
Brooks C. M	filler		305 372-0900 at ()	
<u> </u>	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Island Electronics Security & Monito	•		
(Name of the Limite)	A Florida Limited	ny as it now appears on our records Liability Company)	<u>-</u>)
The Articles of Organization for this Limited Lia		were filed on	and assigned
lorida document number L18000222930	·		
his amendment is submitted to amend the follow	wing:		: 6
A. If amending name, enter the new name of	the limited liab	ility company here:	8
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applica	ble:	N/A	
Principal office address MUST BE A STREET	"ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		1100	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off			, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	,
		, Flo	orida
		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
AMBR	Hunter, George	3740 West 104th Street, #1 Hialeah, FL 33018	Add
			■ Remove
			☐ Change
AMBR	Hunter, Vangie	3740 West 104th Street, #1 Hialeah, FL 33018	
			© Remove
			·
			Change 5
			Add 25
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			
			☐ Remove
			☐ Change

Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cumus be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The 90th day after the record is filed. Dated September 27 2018 Suprature of a member of authorized representative of a member:					
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Filing Fee: \$25.00