L21000049906

| (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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| 10/26/21 |
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Office Use Only



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COVER LETTER

TO:

| TO: Registration S Division of Co | | | | |
|---|--|---|--|--|
| | Y SENSOR LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | VLADIMIR SOROKIN | | | |
| | | Name of Person | | |
| | SECURITY SENSOR LL | С | | |
| | · - | Firm/Company | | |
| | 11429 SW 248TH TERRA | ACE | | |
| | · | Address | | |
| | HOMESTEAD, FL 33032 | | | |
| | info@security-sensor | City/State and Zip Code .com | | |
| | | to be used for future annual report no | tification) | |
| For further information | concerning this matter, please c | all; | | |
| VLADIMIR SOROKIN | | 786 906-0784 at () | | |
| Name | of Person | | me Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addre | | Street Address: Registration Sc | ection | |
| Registration Section Division of Corporations | | _ | Registration Section Division of Corporations | |
| P.O. Box 63 | 27 | The Centre of | - | |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 007 15 PH 12: 20

SECURITY SENSOR 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 Lial | pility Company were filed on $\frac{01/27/2021}{1}$ | and assigned |
|--|---|--------------------------------------|
| Florida document number L21000049906 | · | |
| This amendment is submitted to amend the follow | ving; | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designatio | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | nle: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | - | |
| Mailing address MAY BE A POST OFFICE B | <u> </u> | |
| | | |
| B. If amending the registered agent and/or reg | gistered office address on our records, | enter the name of the new regist |
| agent and/or the new registered office address | here: | |
| Name of Nov. B. Jan. 114 | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | , FloridaZip Code |
| | City | 46 |

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

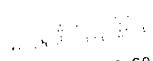
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

.

21 OCT 15 PH 12: 20

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------------|---------------|------------------------------|----------------|
| MGR Jarrin Joseph | Jarrin Joseph | 746 NE 90th Street, Unit 606 | = Add |
| | | Miami, FL 33138 | Remove |
| | | | []Change |
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| . If ame | nding any other information, enter change(s) here: (Attach additional(sheets; if necessary)) |
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| (If an cife Note: | we date, if other than the date of filing: |
| the record ord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated _ | Detober 12 . 2021 . |
| | Signature of a member or authorized representative of a member |
| | VLADIMIR SOROKIN |
| | Typed or printed name of signee |