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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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APR 7 2011

EXAMINER



900199178729

04/07/11--01003--018 *\$55.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 APR -7 PM 12:23

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -7 PM 12:29



1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 878 5368 fax
www.ctlegalsolutions.com

April 7, 2011

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
SECRETARY OF STATE
CORPORATIONS
11 APR -7 PM 12:29

Re: Order #: 8113890 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Chubb Fire & Security LLC (CO)
Evidence of Amendment
Florida

One(1) Certified Copy of document (\$30.00) §

Enclosed please find a check for the requisite fees. Please return document(s) to the to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Freddy Morales
Corporate Operations Mgr.
freddy.morales@wolterskluwer.com

April 7, 2011

CT

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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Sincerely,

Freddy Morales
Corporate Operations Mgr.
freddy.morales@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red Hawk Industries, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

karen.charette@fs.utc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Red Hawk Industries, LLC
2. Jurisdiction of its organization: Colorado
3. Date authorized to do business in Florida: 02/01/2008

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 4-4-2011
5. New name of the limited liability company: Chubb Fire & Security, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized



Signature of a member or the authorized representative of a member

Jon Martin

Typed or printed name of signee


Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -7 PM 12:29



**STATE OF COLORADO
DEPARTMENT OF STATE**

I hereby certify that this is a true copy of
Document No. 2011201259
consisting of 2 pages filed by the
Colorado Secretary of State in the records
of the Secretary of State.


Secretary of State

scj 04/01/2011
By Date



Colorado Secretary of State
 Date and Time: 04/04/2011 02:42 PM
 ID Number: 19991115639

Document must be filed electronically.
 Paper documents will not be accepted.
 Document processing fee
 Fees & forms/cover sheets
 are subject to change.
 To access other information or print
 copies of filed documents,
 visit www.sos.state.co.us and
 select Business.

\$25.00

Document number: 20111201259
 Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 19991115639

1. Entity name: RED HAWK INDUSTRIES, LLC
(if changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: Chubb Fire & Security, LLC
 (if applicable)

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

"bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the limited liability company's period of duration as amended is perpetual, mark this box:

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Smith Toby
(Last) (First) (Middle) (Suffix)
Nine Farm Springs Road
(Street name and number or Post Office Box information)
Farmington CT 06032
(City) (State) (Postal/Zip Code)
United States
(Province - if applicable) (Country - if not US)

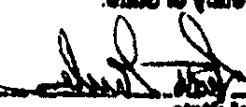
(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

STATE OF COLORADO
DEPARTMENT OF STATE

I hereby certify that this is a true copy of
Document No. _____
consisting of _____ pages filed by the
Colorado Secretary of State in the records
of the Secretary of State.


Secretary of State

Date _____

