(Red	questor's Name)	
(Add	dress)	
(Add	ress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to F	Filing Officer:	

Office Use Only



800286164338

2016 JUL -8 AH 5: 48

F

K. SALY EXAMINER JUL 11

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/8/16

NAME:

INTELLIGARDE INTERNATIONAL USA LP

TYPE OF FILING: AMENDMENT

COST:

105.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE CHOCK

2016 JUL-8 AM 5: 48

AMENDMENT TO CERTIFICATE OF AUTHORITY INCLUDE TARY OF STATE FOR

LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:				
2. Document Number of Foreign Limited Partn	ership or Limited Liability Limited	Partnership: B18000000138		
2. The jurisdiction of its formation is: Delaware				
3. The date the entity was authorized to transact	t business in Florida is: Juno 23, 2016			
4. If the amendment changes the name of the the new name:	mited partnership or limited Habilit	y limited partnership, enter		
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh LLLP.	ed Partnership, Limited, L.P., LP, a ip suffixes: Limited Liability Limite	or Lid. ad Parinership, L.L.L.P. or		
5. If the amendment changes the general partner Name:	er(s), list the name and business add <u>Business Address:</u>	ress of each general partner:		
		Remove		
	,,	Change		
		bbA <u></u>		
		Remove		
		Change		
	· · · · · · · · · · · · · · · · · · ·	Add		
		☐Remove ☐Change		
				
		DAdd		
		☐Remove ☐Change		
		bbA		
		☐Remove ☐Change		
		Add		
		Change		

FILED 2016 JUL-8 AM 5: 48

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:
The principal office and the mailing address are changed to:
8461 Lake Worth Rd., Suite 1-103
Lake Worth, FL 33467
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:
The entity elects to be a limited liability limited partnership.
The entity is no longer a limited liability limited partnership.
9. Attached is an original certificate, no more than 90 days olds, 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.
10. Effective date, if other than the date of filing:
Signature of a general partner:
Typed or printed name:
Ross McLead, Sole Member of the General Pertner
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75