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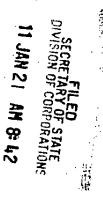
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B. KOHR

JAN 2 6 2011

**EXAMINER** 



## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: ALL IN ONE Security  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Christian Sarna Name of Person				
All in One Security LLC Firm/Company				
1313 Via Villa Nova				
Winter Springs F132708 City/State and Zip Code				
CSCYN283 @ own ail. com.  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christian Sarna at 497 953 8179  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\$ \$60.00 Filing Fee, \text{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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 10000123569 Florida 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 608, 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 <sub>-</sub>

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member
Title Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>14r</u>	H.E. Smith	4401 E Colonial Drive Ste 203 Orlando Fl 32803	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
<u></u>			_
Dated	Shuari 20, 20	5 (\\	<del>-</del> -
\ \ \	Signature of a member	or authorized representative of a member	
-	Christian	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00