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T. HAMP OF

COVER LETTER ..

TO: Registration Se Division of Cor		•	
J&A Securi	ty Services, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph N. Perlman, Esquire	e	
		Name of Person	
		Firm/Company	
	1101 Belcher Road S Ste E	3	
		Address	
	Largo, FL 33771		
		City/State and Zip Code	
	Joe@perlmanlawfirm.com		
	E-mail address: (1	to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
Joseph N. Perlman, Esqu	ire	727 536-2711 at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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:

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

J&A Security Services, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our red Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number	company were filed on March 6, 201:	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CRETARY OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		. Florida
	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>	<u>Address</u>	Type of Action
MGR	Jose Suarez	517 Dustin Terrace	■ Add
		Deltona, FL 32725	Remove
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			□ Remove
			Change
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ective date, if other than the effective date is listed, the date in this time. If the date inserted in this tument's effective date on the	ne date of filing: must be specific and cannot block does not meet the Department of State's i	e applicable statutory f	Tling requirements, this	date will not be listed as
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Filing Fee: \$25.00