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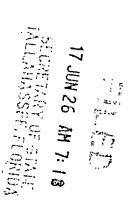
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## **COVER LETTER**

ŢO;	Registration Section Division of Corporations	
SUBJ	CT: Delta Five Security, LLC  Name of Limited Liability Company	
The en	losed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Jose A. Diaz Name of Person	
	Delta Five Security LLC Firm/Company	
	13595 S.W. 134 Ave. Suite 211	
	Migmi, FL 33186  City/State and Zip Code	
	Joe Digz @ Delta Five Security. com E-mail address: (16 Se used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Name of Person at (305) 968-1029  Area Code Daytime Telephone Number	
Enclos	d is a check for the following amount:	
<b>⊠</b> \$2	.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status Scertified 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

Delta Five Se (Name of the Limited Liabil (A Florid					· <del></del>	<del>-</del>	
The Articles of Organization for this Limited Liability of Florida document number <u>L0700017955</u>	Company w	ere filed on	<u>02/15</u>	/200	7 and	assign	ed
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	mited liabili	ty company he	ere:				
N/A  The new name must be distinguishable and contain the words "Lir							
The new name must be distinguishable and contain the words "Lir	mited Liability	Company," the d	esignation "	LLC" or the al	breviation	"L.L.C.	**
Enter new principal offices address, if applicable:		N/A	· · · · · · · · · · · · · · · · · · ·				
(Principal office address MUST BE A STREET ADD	PRESS)			·····			
						=	
					22		
Enter new mailing address, if applicable:		N/A			97 S	26	- €2+ - #2+
(Mailing address MAY BE A POST OFFICE BOX)	•					772	- A-
	•				الا المارية الا المارية	-1	10.00
	•				32		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ce address on	our rec	ords, <u>enter</u>	the nam		the nev
Name of New Registered Agent:	N/A			·			
New Registered Office Address:	3595 S	Enter Flor	Ave.	Suite	211		
	Litter I tor	iau sireet aa	ear coo	~ > ! !	o E		
·		AM î City	. <del></del>	, Florida	Zin Co	<mark>) ]</mark> de	
New Registered Agent's Signature, if changing Registere		<i>,</i>			inp co		
The state of the s	<u> </u>						

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 sitle, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A		D Add
			☐ Remove
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			Add
			□ Remove
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			□ Remove
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			□ Remove
			Change

Signature of a member or authorized representative of a member	1	11/1		* ***			
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Filing Fee: \$25.00