## $_{07000049420$

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	Livingston S	Security and Consulting, LLC		
SUBJECT.		Name of Limi	ited Liability Company	<del></del>
The enclosed	I Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Kathleen Livingston		
			Name of Person	
		Livingston Security and Co	onsulting, LLC	
			Firm/Company	
		3115 E. Vina Del Mar Blvo	i.	
			Address	
		St. Pete Beach, FL 33706		
			City/State and Zip Code	<u> </u>
		Riclivingston@aol.com	·· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (t	o be used for future annual report not	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
Melinda Sny	/der		727 525-9723	
	Name of	Person		e Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	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

Livingston Security and Consulting, LL		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our recorderida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabil Florida document number L07000049420		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		16 18 17
(Thirtyal Vince address MUST DE A STREET A	<i></i>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	X)	그의 글 1
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		01/4 P
D. If di the resistened area and/on	ussistand office address on our recover	25
B. If amending the registered agent and/or registered agent and/or the new registered office		us, enter the name of the new
registered agent andor the new registered office	addition file.	
Name of New Registered Agent:		
New Registered Office Address:		
1. Teographic Street Tradition,	Enter Florida street addi	ress
	•	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>	Address	Type of Action
AMBR	Kathleen Livingston	3115 E. Vina Del Mar Blvd.	■ Add
		St. Pete Beach, FL 33706	□ Remove
			☐ Change
<del></del>			Add
			Remove
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			ORIDA
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			Change

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2016		
2016 to date of filing or more th	(optional) an 90 days after filing	.) Pursuant to 605.
able statutory filing requ	uirements, this date	will not be listed
t an effective time,	at 12:01 a.m.	on the earlie
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