

L070000 49420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

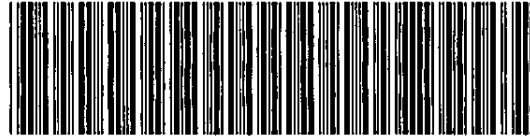
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200283595352

03/22/16--01003--001 \*\*25.00

FILED

16 MAR 21 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2016 MAR 21 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 23 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Livingston Security and Consulting, LLC

\_\_\_\_\_  
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:

Kathleen Livingston

\_\_\_\_\_  
Name of Person

Livingston Security and Consulting, LLC

\_\_\_\_\_  
Firm/Company

3115 E. Vina Del Mar Blvd.

\_\_\_\_\_  
Address

St. Pete Beach, FL 33706

\_\_\_\_\_  
City/State and Zip Code

Riclivingston@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Snyder

727 525-9723

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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



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>	<u>Type of Action</u>
AMBR	Kathleen Livingston	3115 E. Vina Del Mar Blvd.	<input checked="" type="checkbox"/> Add
		St. Pete Beach, FL 33706	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
MAR 21 PM 1:10  
TALLAHASSEE FLORIDA  
STATE OF FLORIDA  
SECRETARY OF STATE

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 17, 2016

signature of a member or authorized representative of the organization

Typed or printed name of signee

FILED  
16 MAR 21 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA