L08000013269

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DIVISION OF COMPONATIONS

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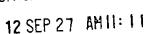
TO: Registration Section

Division of Corporations					
SUBJECT:	Security F	orces Group LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
		Ranier Betancourt			
		Name of Person			
	Security Forces GroupLLC Firm/Company				
	444 SW 27th Ave #45 Address				
		141 151 00405			
		Miami FL. 33135 City/State and Zip Code			
	rbeta	ancourt6404@gmail.com to be used for future annual report	m		
			t notification)		
For further information	concerning this matter, please of	call:			
	nier Betancourt	at (786_)	447-6404		
Name of Person		Area Code & D	aytime 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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration S Division of C Clifton Build	Corporations ing ve Center Circle		

ARTICLES OF AMENDMENT

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS





Sec	curity Forces GroupLLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lial Florida document number L080000132	· · ·	02/06/2008	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	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 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.

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

MGR = Manager

MGRM = Managing Member

Type of Action Title Name **Address** MGR **RANIER BETANCOURT** ✓ Add
☐ Remove 444 SW 27TH AVE #45 MIAMI FL 33135____ BRENDA BETANCOURT MGR 244 BISCAYNE BLVD #809 **✓** Add Remove MIAMI EL .33132 ☐ Add Remove Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 09/24/2012 Dated ___ Signature of a member or authorized representative of a member Ranier Betancourt Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00