## L08000018656

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SECRETARY OF STATE DIVISION OF CORPORATIONS

Office Use Only

APR - 3 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration Division of C	Section Corporations	•	gget 46.		
SUBJECT:	TOP SECUR	ITY SERVICES,LL	.C		
SUBJECT:		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		LEON MONDESIR  Name of Person			
TOP SECURITY SERVICES,LLC Firm/Company					
	Ş	90 NE 54TH STREET			
		Address			
		City/State and Zip Code	,		
	E-mail address: (	eonth1@bellsouth.net to be used for future annual repo	ort notification)		
For further information	n concerning this matter, please of	call:			
	ON MONDESIR e of Person	at ( 305 ) Area Code &	756-7587 Daytime Telephone Number		
	• • • • • • • • • • • • • • • • • • • •		- · · · · · · · · · · · · · · · · · · ·		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regi Divi	ILING ADDRESS: istration Section sion of Corporations Box 6327	Registration	Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 APR -2 AM II: 08

TOP SEC	URITY SERVICES,	LLC	
(Name of the Limited Liabil (A Florid	<u>ity Company as it now appe</u> a Limited Liability Company)	ars on our records.)	•
	• • • • • • • • • • • • • • • • • • • •		
The Articles of Organization for this Limited Liability	Company were filed on	March 29,2012	_ and assigned
Florida document number L08000018656			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
	•		
			-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Training address MIT DB/TT OST OFFICE BOX			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	E	nter Florida street addre	ss
		, 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Р	STANLEY H.DAMAS	90 NE 54TH STREET MIAMI.FL 3313	7_7 Add Remove
CEO_	RODNEY SALNAVE	90 NE 54TH STREET MIAMI,FL 3313	7. ☑ Add Remove
VMGR	MICHAEL HIDALGO	90 NE 54TH STREET MIAMI FL 3313	7_
MGR_	MICHAEL TELCIDE	90 NE 54TH STREET MIAMI FL 3313	7 ☐ Add <u>⟨W</u>  Remove
SEC	WISLAINE MEUS	90 NE 54TH STREET MIAMI FL 3313	7. ☑ Add Remove
MGR	WISLAINE MEUS	90 NE 54TH STREET MIAMI FL 3313	7 □ Add • Remove*)
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
  Dated	LEON T.	iber or authorized representative of a member	SECRETARY OF STATE SECRETARY OF STATE SHVISION OF CORPORATIONS 12 APR -2 AM II: 08
	Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00