## L0800018456

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only

G. MCLEOD

JUN 2 0 2012

**EXAMINER** 



800236488038

06/18/12--01006--020 \*\*25.00

12 JUN 18 PH 3: 57
SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations	P.					
SUBJE	SUBJECT: TOP SECURITY SERVICES,LLC							
COBIL	<u></u>		ted Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please	return all corresp	ondence concerning this matter	to the following:					
	LEON MONDESIR Name of Person							
	TOP SECURITY SERVICES,LLC Firm/Company							
	90 NE 54TH STREET Address							
	MIAMI,FLORIDA 33137							
•	City/State and Zip Code							
		LEON E-mail address: (	TH1@BELLSOUTH.NET to be used for future annual report notif	ication)				
For fur	ther information	concerning this matter, please o	eall:					
LEON MONDESR Name of Person			at ( 305 )	756-7587 e Telephone Number				
	Nume	or reason	, and code at Bay min	e receptione (value)				
Enclos	ed is a check for	the following amount:						
<b>□\$2</b> 5	.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)				
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TOP SECUR	ITY SERVICES,	LLC	
(Name of the Limited Liability C (A Florida Li	Company as it now apper mited Liability Company)	ars on our records.	
The Articles of Organization for this Limited Liability ConFlorida document number	mpany were filed on	JUNE 15,2012	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limite	ed liability company he	ere:	
The new name must be distinguishable and end with the word: "L.L.C."	s "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 ADDRE	ESS)		7. <b>N</b>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LAHASSEE, FLORID	R 38 117
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, enter th	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:	E	Inter Florida street addre	ess .
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VMGR	MICHAEL HIDALGO	90 NE 54TH STREET MIAMI FL 33137	☐ Add ☑ Remove
SEC	WISLAINE MEUS	90 NE 54TH STREET MIAMI,FL 33137	☐ Add ☑ Remove
			Add Remove
			Add Remove
			_□Add □□Remove
			Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if necessary.)	-
_			<del>-</del>
	JUNE 15	. 2012	-
		- Internated	
	Signatur	e of a member or authorized representative of a member  LEON MONDESIR	
		Typed of printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00