Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

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FLORIDA SECURITY TRAINING ACADEMY LLC

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S. HAWKES

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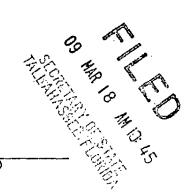
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDA SECURITY TRAINING ACADEMY 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:	
Tony Burroughs	· .
(Name of Person)	
Legalzoom.com, Inc.	
(Eirm/Company)	
7083 Hollywood Blvd., Suite 180	
(Address)	
Los Angeles, CA 90028	
(City/State and Zip Code)	• • •
For further information concerning this matter, please call:	Section
Tony Burroughs at (323) 962-8600	
(Name of Person) (Area Code & Daytime Telephone Number)	
·	
Enclosed is a check for the following amount;	•
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{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 Tallaliassee, 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



and assigned

FLORIDA SECURITY TRAINING ACADEMY LLC

(Name of the Limited Liability Company as It now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/18/2008

Florida document number L08000059999

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	(City)	(Zip Code)
	, Florida	
New Registered Office Address:	(Enter Fl	orida street address)
Name Bandatana di Assaultana		
Name of New Registered Agent:		,

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 ugent 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)

MGR = Manager

MGRM = Managing Member

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:

<u>Title</u> Address Type of Action <u>Name</u> MGRM Jerome Best 7575 KINGSPOINTE PARKWAY, STE 11 ORLANDO, FL 32819. Remove]Add Remove Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated Signature of a member or authorized representative of a member Jerome Best, Member Typed or printed name of signee

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Filing Fee: \$25.00