

#L08000059999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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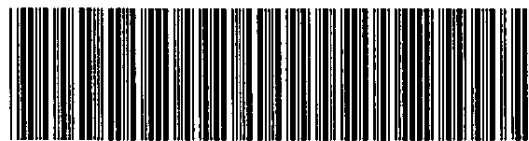
(Business Entity Name)

(Document Number)

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12 AUG 13 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 14 2012

## 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:

ISABEL CRISTINA RAMIREZ

Name of Person

ACCOUNTANT PRO SERVICES INC

Firm/Company

4701 DISTRIBUTION CT SUITE 5

Address

ORLANDO, FL, 32822

City/State and Zip Code

INFO@ACCOUNTANTPROSERVICES.COM

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

For further information concerning this matter, please call:

ISABEL CRISTINA RAMIREZ

Name of Person

at ( 407 )

796-2720

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FLORIDA SECURITY TRAINING ACADEMY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6413 PINECASTLE BLVD SUITE 1

ORLANDO, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

EDWIN RODRIGUEZ

New Registered Office Address:

6413 PINECASTLE BLVD SUITE 1

*Enter Florida street address*

ORLANDO

Florida

32809

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.*

*Edwin Rodriguez*  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWIN RODRIGUEZ	6413 PINECASTLE BLVD SUITE 1 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ORLANDO GUTIEREZ	6413 PINECASTLE BLVD SUITE 1 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROBERT FLOWERS	6413 PINECASTLE BLVD SUITE 1 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JEROME BEST	KINGSPONTE PARKWAY STE 11 ORLANDO, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 30, 2012

  
Signature of a member or authorized representative of a member

EDWIN RODRIGUEZ  
Typed or printed name of signee