

L08000059999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

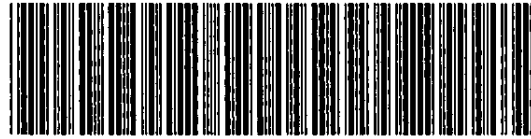
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13 JAN 11 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Orlando Gutierrez de Pineres

Name of Person

Florida Security Training Academy LLC

Firm/Company

6413 Pinecastle Blvd Suite 1

Address

Orlando FL 32809

City/State and Zip Code

opineres@flstacademy.com

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

For further information concerning this matter, please call:

Orlando Gutierrez de Pineres at 407 250 4821

Name of Person

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)

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: ORLANDO GUTIERREZ DE PINERES

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

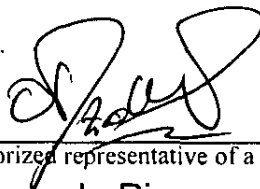
If amending the Managers or Managing Members on our records, enter the title, name, and
or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ORLANDO GUTIERREZ DE PINERES	6413 Pinecastle Blvd Suite 1 Orlando FL 32809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EDWIN RODRIGUEZ	6413 Pinecastle Blvd Suite 1 Orlando FL 32809	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ORLANDO GUTIEREZ	6413 Pinecastle Blvd Suite 1 Orlando FL 32809	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT E FLOWERS	6413 Pinecastle Blvd Suite 1 Orlando FL 32809	<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 01-02-2013



Signature of a member or authorized representative of a member

Orlando Gutierrez de Pineres

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00