

**LD8000106563**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H10000172405 3)))



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FEDERATED TACTICAL SECURITY, LLC**

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**D. BRUCE**

AUG 3 2010

**EXAMINER**

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July 30, 2010

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

FEDERATED TACTICAL SECURITY, LLC  
1212 US HIGHWAY 1  
SUITE I  
NORTH PALM BEACH, FL 33408US

SUBJECT: FEDERATED TACTICAL SECURITY, LLC  
REF: L08000106563

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections: refax the complete document, including the electronic filing cover sheet.

Signature page missing.

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Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H10000172405  
Letter Number: 910A00018412

RECEIVED

10 JUL 30 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10 JUL 30 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Federated Tactical Security, 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 11/17/2008 and assigned  
Florida document number L08000106563.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, **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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Basim Elhabashy, MD	660 Linton Blvd, #110A Delray Beach, FL 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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)

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

FILED  
10 JUL 30 AM 8:49

Dated 7/29 10

James M Canning

Signature of a member or authorized representative of a member

James M Canning

Typed or printed name of signer