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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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JUN 19 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 18 PM 1:02

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BALFORN SECURITY SOLUTIONS, 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:

CHRISTOPHER FYFFE

Name of Person

BALFORN SECURITY SOLUTIONS, LLC

Firm/Company

2530 BALFORN TOWER WAY

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

PAT@BALFORN.COM

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

For further information concerning this matter, please call:

PATRICIA FYFFE

Name of Person

at (407)

402-3516

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

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TALLAHASSEE, FLORIDA

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BALFORN SECURITY SOLUTIONS, LLC

Page 1 of 2

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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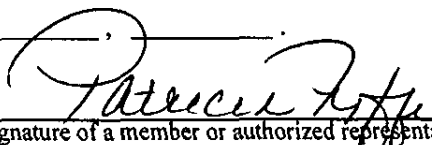
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated 06/13/2012



Signature of a member or authorized representative of a member

PATRICIA FYFFE

Typed or printed name of signee