09000042132

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700156275437

05/22/09--01027--009 **60.00

09 MAY 22 PH 2: 10

SECRETARY OF STATE VISION OF CORPORATIONS

T. HAMPTON

MAY 2 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo	on rations		
SUBJECT: Red	Water Secu	Lrity, LLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	bmitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	DAVID	Name of Person	
	Offic	es of David P.	Ryan
	250 Cata	DNIA Aldress	Suita 804
	Coxal Go	2 bles Floada City/State and Zip Code	33/3Y
-	E-mail address:	OPRLAW. CDM to be used for future annual report notifical	tion)
For further information cond	,	•	,
DAVID R.	Ryan	at (305) SQ9-	5000
Name of Pe	rson '	Area Code & Daytime T	elephone Number
. Enclosed is a check for the f	ollowing 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 ARTICLES OF ORGANIZATION **OF**

Red Water 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 May 1, 2009 an Florida document number <u>L090000431</u> 32	d assig	;ned
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 "L.L.C."	the ab	breviation
Enter new principal offices address, if applicable:	09	IVIO
(Principal office address MUST BE A STREET ADDRESS)	HA	<u> </u>
	22	유로프
Enter new mailing address, if applicable:	PM 2	ORPOR/
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter the nar	ne of	the new
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
	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 **Title** Name **Address Type of Action** Add Remove □ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee