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09 OCT 20 AM IO: 30
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Po-Active Security Agency 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:
Argens Jean-Baptiste
Po-Active Security Agency, LLC
130 Spoonbill Ct.
Kissimmee, FL 34759
City/State and Zip Code  Pro_ActiveS Agency & valor com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\begin{align*}\text{\$\text{\$\text{S}}} \text{\$\text{\$\text{\$\text{25}}}} \$\text{\$\tinx{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$

### 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** 

FILED 09 OCT 20 AM 10: 30

SECRETARY OF STATE (ALLAHASSEE, FLORIDA (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	. Florida		
New Registered Office Address:		Enter Florida street addr	ess
Name of New Registered Agent:			
B. If amending the registered agent and/or registered agent and/or the new registered office	-	n our records, enter th	e name of the nev
D. To			o of the new
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
Enter new mailing address, if applicable:			1-81-
(Principal office address MUST BE A STREET	<del></del>		
Enter new principal offices address, if applicab	ale:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany," the designation "Ll	_C" or the abbreviation
A. If amending name, enter the new name of the	he limited liability company	<u>here</u> :	
This amendment is submitted to amend the follow	ving:		
Florida document number <u> </u>	CCUP		
The Articles of Organization for this Limited Liab	oility Company were filed on _	9/15/2009	and assigned

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>	Name	Address	Type of Action
MGA	Frances Jean-Baptiste	130 Spoonbill Ct. Kissimmee, Fl 34759	Add Remove 
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			FILED  09 OCT 20 AM IO: 30  SEGRETARY OF STATE
Dated OU	hober 17 , 200	9_	
	A.L. RuBC	T2	
	Signature of a member of	or authorized representative of a member	
	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00