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SECRETÁRY OF STATE
ALLAHÁSSEE. FLORIO

J. BRYAN
JAN 1 4 2009
EXAMINER

COVER LETTER

	stration Se ion of Cor					
SUBJECT: _		Dixor	n securityPro			
_		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sul	_			
			Brian Dixon			
			Name of Person			
			D: 0 "D			
			Dixon SecurityPro Firm/Company		SE(SE	
			, ,		JAN 13 PH CRETARY OF LAHASSEE.	
		1465	5 Northside Dr. Suite 212		TAR ASS	
			Address		RETARY OF SAHASSEE. FI	
			Atlanta, GA. 30318		FIST C	
•			City/State and Zip Code		See 59	
	brian@dixonsecuritypro.com E-mail address: (to be used for future annual report notification)					
For further infe	ormation c	oncerning this matter, please o	·	•		
	В	rian Dixon	at (404)	367-0790		
Name of Person			Area Code & Daytime	Telephone Number		
Enclosed is a c	check for th	ne following amount:				
\$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
MAILING ADDRESS: Registration Section Division of Corporations		ation Section	STREET/COURING Registration Section Division of Corpora	1		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			70 -	
(<u>Name of the Limited Liabili</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)	1:59 STATE FLORID	
The Articles of Organization for this Limited Liability	Company were filed on	10/5/2009	and assigned	
Florida document numberL09000097121	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	alted liability company h	ere:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	pany," the designation "I	LC" or the abbreviatio	
Enter new principal offices address, if applicable:	1314 East L	as Olas Blvd. 1055	5	
(Principal office address MUST BE A STREET ADD	RESS) Fort Lauder	Fort Lauderdale, FL. 33301		
				
Enter new mailing address, if applicable:	,,, ,,, ,,, ,,			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter 1	he name of the nev	
Name of New Registered Agent:			 	
New Registered Office Address:		enter Florida street add	ress	
	~			
	Cin	, Florida	7in Coda	

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>	Address	Type of Action
Mr	Charles McGinley	81888 Overseas Hwy Suite C Islamorada, FL. 33036	Add 7 Remove
			T Damasia
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter c	hange(s) here: (Attach additional sheets, if nec	essary.)
 			SECRETA
Dated	January 08	2010	ILED 13 PH 1:59 SEE, FLORIDA
	·	Brian Dixon Typed or printed name of signee	
	•	Aber or brunes manie or pignes	

Page 2 of 2

Filing Fee: \$25.00