## L100000008076

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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SECRETARY OF STATE

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APR 29 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	ECT:	Se	ecurit, LLC			
		of Amendment and fee(s) are su	_			
			DR Carruthers			
		С				
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	ALL:	aring aring				
	2011 APR 28 SECRETAR) ALLAHASSI					
		า	28 F SSEE.			
		<b>PH</b> 0F S				
For furt	ther information	concerning this matter, please	call:		B PH 1: 10 LY OF STATE SEE, FLORIDA	u-,
	D	R Carruthers	at ( 954 )	288-9086	-	
Name of Person			Area Code & Da	<del></del>		
		•	•			
Enclose	ed is a check for	the following amount:		•		
\$25.00 Filing Fee & Certificate of Status			(additional copy is enclosed) Certified		e of Status &	
MAILING ADDRESS:		STREET/CO	URIER ADDRESS:			

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

	Securi					
(Name of the Limite	<mark>d Liability Compa</mark> A Florida Limited I	i <mark>ny as it now appea</mark> Liability Company)	rs on our records.			
The Articles of Organization for this Limited I Florida document number L1000000		were filed on	01/22/2010	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company he	re:			
	Suarded Private	e Vaults, LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the designation	"LLC" or the abb	reviation	
Enter new principal offices address, if appli	cable:	676 West Pr	ospect Road	LECR A	***	
(Principal office address MUST BE A STRE		-	lale, FL 33309	R 28 HASSE	T ACTION	
Enter new mailing address, if applicable:	676 West Pro		PN 1: OF STATE, FLORI			
(Mailing address MAY BE A POST OFFICE	Fort Lauderd	lale, FL 33309	OF O			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>re</u> :	our records, <u>enter</u>	the name of t	he new	
New Registered Office Address:	676 West P	rospect Road				
THE REGISTERS OFFICE FAMILESS.	Enter Florida street address					
	Fort Lauderdale		, Florida _	, Florida 33309		
		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.

(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** <u>Address</u> **Type of Action** <u>Name</u> MGR **DR Carruthers** 676 West Propsect Road ✓ Add Fort Lauderdale, FL 33309 □ Remove MGR **RD Carruthers** 676 West Prospect Road ✓ Add Fort Lauderdale, FL 33309 ☐ Remove ☐ Add ☐ Remove REmove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4/18 2011 Dated \_ Signature of a member or authorized representative of a member **DR** Carruthers Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00