110000030771

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 4.7 |
| |
| |

Office Use Only



600250212176

08/02/13--01005--012 **25.00

2013 AUG -2 AM 8: 10

J. SAULSBERRY EXAMINER

AUG 0 6 2013

COVER LETTER

| TO: Registration Section Division of Corporations | | | \$ | |
|---|---|--|--------------|----------------|
| SUBJECT: | | ecurity Solutions ted Liability Company | LLC | |
| The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspond | dence concerning this matter | to the following: | | |
| | Brenda Trav | ris | | |
| | | Name of Person | | |
| | C & T Secur | ity Solutions LLC | | |
| | | Firm/Company | | |
| | 60 Jima CT | | | |
| Address | | | | 70 |
| Fort Myers, FL 33912 | | | 2013 AUG | |
| City/State and Zip Code | | | | 9-2 |
| btrav4me@yahoo.com | | | | * • • |
| | | to be used for future annual report notification | 1) | NK 8: 10 |
| For further information cor | ncerning this matter, please ca | all: | | 省 5 |
| Brenda Trav | ris | 434,429-2083 | } | |
| Name of I | erson erson | Area Code & Daytime Tele | phone 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) | Certified | te of Status & |

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

| C & T Secu | urity So | lutions | LLC | | |
|--|----------------------|---------------------------------|-----------------------|--------------------|---|
| (Name of the Limited Liability (A Florida I | | | | | |
| | · | | | | |
| The Articles of Organization for this Limited Liability C | Company were filed | _{d on} <u>February</u> | 09, 2013 _a | ınd assig | gned |
| Florida document number L10000030771 | · | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limit | ited liability com | pany here: | | | |
| The new name must be distinguishable and end with the wor "L.L.C." | rds "Limited Liabili | ty Company," the | designation "LLC" | or the ab | breviation |
| Enter new principal offices address, if applicable: | | | · | ~~ | |
| (Principal office address MUST BE A STREET ADDR | RESS) | | | 2013 | |
| | | | | 3 | * |
| | | | | (,) 1 | , <i>-</i> - |
| Enter new mailing address, if applicable: | | | ** . *** | 2 / | • |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | 75 | |
| | | | 24 | - (3) - | |
| | | | | $\overline{\Box}$ | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ess on our reco | ords, enter the n | ame of | the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| Tion Negative Office / Address, | | Enter Flori | da street address | | |
| | <u> </u> | | , Florida | | |
| | City | | Zi | p 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|----------------------|------------------------|
| MGRM | G S Travis | 60 Jima Ct | Add |
| | | Fort Myers, FL 33912 | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | 70 13 100 Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | , |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Remove |
| | | | |

| D. If amending any other inform | ation, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 26 July | 2013 |
| Dated 26 July | 2013 |
| | A rains |
| | gnature of a member or authorized representative of a member |
| Brenda Travis | |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00

2013 AUG -2 AM 8: 10

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: C & T Security Solutions LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brenda Travis

(Contact Person)

C & T Security Solutions LLC

(Firm/Company)

60 Jima Ct

(Address)

Fort Myers, FL 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Travis

₃₁,434

429-2083

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)

2013 AUG -2 AM 8: 10



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | limited liability company as it a T Security Solutions LLC | · - | orida Department |
|--|--|---------------------------------|------------------|
| | ility company was organized und of State, Division of Corporations | | 2013 AUS -2 |
| 3. The Florida doct L100000307 | ument/registration number of this | s limited liability company is: | AH 8: 10 |
| 4. I, G S Travis | (Greg Travis) | _, hereby resign as a MGRM | |
| | ame of Person Resigning) | (P1 | int Title) |
| of this limited lia resignation in wr | bility company and affirm the lir iting. | nited liability company has bee | n notified of my |
| Signature of Res | gning Member, Managing Mem | ber or Manager | |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | | |