

L10000081530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

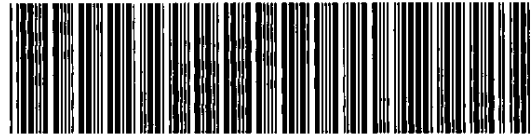
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600184060526

08/18/10--01024--003 **25.00

FILED
10 AUG 18 AM 11:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 19 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TATICAL SECURITY & EXTRADITIONS AGENCY
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:

JOHN P. Henderson JR.
Name of Person
President
Firm/Company
4650 LINKS VILLAGE DR # B703
Address
PONCE INLET FL 32127
City/State and Zip Code
J. Henderson@TSEAGENCY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN P. Henderson JR at (386) 274-9021
Name of Person Area Code & Daytime Telephone 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) ☐ \$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
TO
ARTICLES OF ORGANIZATION
OF**

(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 August 4, 2010 and assigned Florida document number L10000081530.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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.

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALBERTO APONTE JR	1249 DALMASO DR DAYTONA BEACH FL 32117	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Luis A. Lugo	1249 DALMASO DR DAYTONA BEACH FL 32117	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SIXTO J SANTIAGO	1920 N Woodland Blvd DELAND FL 32720	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JERAID T ROWNSLEY	3051 GULF PORT AVE DELTONA FL 32738	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ISMARCEL J VARGAS	1541 DEERFIELD AVE DELTONA FL 32725	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated August 16, 2010

John P. Henderson JR

Signature of a member or authorized representative of a member

John P. Henderson JR.

Typed or printed name of signee

FILED
AUG 18 11:50
CLERK OF STATE
TALLAHASSEE, FLORIDA