

LI 000000 95030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

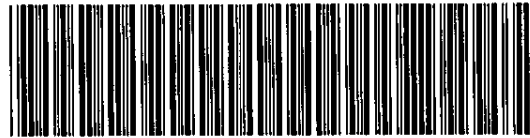
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200255569682

200255569682  
01/14/14--01035--023 \*\*60.00

JAN 17 2014

T CLINE

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2014 JAN 14 PM 1:33

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TF Tactical Security Services 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:

Neurland Trocher  
Name of Person

\_\_\_\_\_  
Firm/Company

1550 NW 89th ter  
Address

Pembroke Pines, FL 33024  
City/State and Zip Code

Ntrocher @Gmail.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neurland Trocher at ( 786 ) 521-8049  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2014 JAN 14 PM 1:33  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TF Tactical Security Services LLC

(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 Sep 09, 2010 and assigned Florida document number L10000095030.

This amendment is submitted to amend the following:

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

Global Safe Security LLC

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)

8910 Miramar Pkwy

Miramar, FL 33025

Suite #202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1550 NW 89TH TER

Pembroke Pines, FL 33024

**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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JAN 14 PM 1:33  
 RECEIVED  
 SECRETARY'S OFFICE  
 1000 17th St NW  
 Washington, DC 20036

FILED

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

---

---

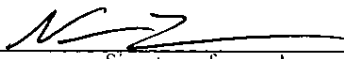
---

---

---

E. Effective date, if other than the date of filing: 01/20/2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 01/11/14 , \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Neurland Trocher  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2014 JAN 14 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA