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COVER LETTER

Division of Corp			
subject: <u>Profes</u>	<u>Sional Protective</u> Name of Limite	Security Services, and Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	PH L.
Please return all correspon	dence concerning this matter	to the following:	0
	ERIC	Ruckley Name of Person	∵
		Firm/Company	
	2009 Pitd	Address	
	Kissimmee,	FL 34746 City/State and Zip Code	
	PSS — IIC. E-mail address: (to	be used for future annual report notificati	on)
For further information co	ncerning this matter, please ca	all:	
ERK B	ackley Person	at (<u>407) 873-0707</u> Area Code & Daytime Te	dephone Number
Enclosed is a check for the	e 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)

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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

The Articles of Organization for this Limited Liability Company were filed on <u>O9</u> Florida document number <u>L1000099239</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: "NA" (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGRM	Willdigg, Charles Jr.	4924 OAKWAY DRIVE	Add
		St. Cloud, FL 34771	Remove
<u>mgr</u> m	Kraker, Carl	2007 Pitch Way	Add
		Kissimmee, FL 34746	
<u>iMGRM</u>	Long, Nannette L.	5240 ARECA Palm Street	_ ∠ ⊠ Add
		COCOA, FL	Remove
			Add
			_ Remove
			- Add
			Remove
			-
			_
			Remove

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
'NA'	
- 1.00 1.000-	
	:
Datedfar	ruary 11, 2012.
O	En Bubler
	Signature of a member or authorized representative of a member
	ERIC Buckley
	Typed or printed name of signee

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Filing Fee: \$25.00