L10000109505

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EXAMINER



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03/06/12--01026--002 **55.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

TO:	Registration Se Division of Con		· ,		
	4	•			
SUBJE	СТ•	Innovative Det	ention Systems, LL	С	
SUDSE	C1		ted Liability Company		
					9.5
					70
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		12 HAR-6 PH 4: 85
Please 1	eturn all correspo	ondence concerning this matter	to the following:		6 CO
					74 6
			Gregory Kirkland		4.
			Name of Person	<u> </u>	ي د
		Innovati	ve Detention Systems,	LLC	
Firm/Company					
			D.O. D 404		
		<u> </u>	P.O. Box 124	<u> </u>	
			Address		
			Inglis, FL 34449		
City/State and Zip Code gk@innovativedetentionsystems.com					
			s.com		
		E-mail address: (1	to be used for future annual report	notification)	
For furt	her information c	concerning this matter, please c	all:	•	
	Gre	gory Kirkland	at (352)	302-8055	
	Name o	f Person		aytime Telephone Number	
					•
Enclose	d is a check for the	he following amount:			
□\$2 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc		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

Innov	ative Detenti	on Systems,	LLC	के विदेश
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	Composition of the Composition o
The Articles of Organization for this Limited I Florida document numberL1000010		were filed on	October 20, 2010	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		575 West Hw	y 40	
Principal office address MUST BE A STREET ADDRESS)		Inglis, Florida	34449	
Enter new mailing address, if applicable:		P.O. Box 124		
(Mailing address MAY BE A POST OFFICE BOX)		Inglis, Florida	34449	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		<u>e</u> : kland	our records, <u>enter th</u>	ne name of the new
		Enter Florida street address		
		Inglis	, Florida	34449
		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, <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	Glenda Kirkland	50 N Hawthorne Dr Inglis, FL 34449	Add _ ☑ Remove
MGRM_	David Harding	579 West Hwy 40 Inglis, FL 34449	✓ Add ☐ Remove
			Add Remove.
			Add Remove
			Add Remove
			Add Remove
		ter change(s) here: (Attach additional sheets, if necessary.) on - Sheets/forms Attached	_
			- -
Dated	March 5	, <u>2012</u> V. Wh	
	Signature of	a member or authorized representative of a member Gregory Kirkland Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00