

L110000020506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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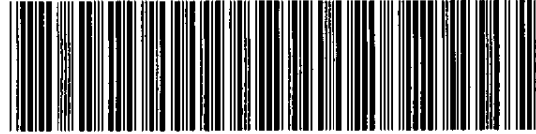
(Business Entity Name)

(Document Number)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 6 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I. F. W. Security, 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:

Kameron Weeks
Name of Person

I. F. W. Security, LLC
Firm/Company

P.O. Box 2363
Address

Quincy, FL 32353
City/State and Zip Code

IFW.Security.Enforcement@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

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STATE OF FLORIDA
TALLAHASSEE

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

I. F. W. Security, 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 March 16, 2011 and assigned Florida document number L11000020506.

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:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
✓MGRM	Kameron O. Weeks	P.O. Box 2363 Quincy, FL 32353	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
✓MGR	Michael A Isaac	P.O. Box 2363 Quincy, FL 32353	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kameelah Weeks	775 California St Tallahassee, FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓MGRM	Michael A Isaac	P.O. Box 2363 Quincy, FL 32353	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
✓MGRM	Shannon D Faison	P.O. Box 2363 Quincy, FL 32353	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

Kameron Weeks

Signature of a member or authorized representative of a member

Kameron Weeks

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT