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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF FLORIE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Name of Limited Liability Company 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:			
Tyler Purcell Name of Person			
Home Sechrity Services Firm/Company 3154 Ohanthan Lakes Dr. Address			
3154 Ohanthan Lakes Dr.			
Boynton Beach, FL 33426 City/State and Zip Code + 1/6 ren. SD g Ma 11. Com -mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Tyler Phrcell at (215) 750 - 8189 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: \$5.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$ 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

flome Security Se	rvices	260
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears iability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000039430</u>	were filed on <u>04</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company	"," the designation "LLC" or the abbreviation
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)		NOV 28 PH 12 ECRETARY OF S LLAHASSEE, FL
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, enter the name of the new
Name of New Registered Agent:	 	
New Registered Office Address:	Ente	· Florida street address
	, Florida	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 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 Address** Type of Action MGRM Typer Phoce 11 shange address ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional shgets, if necessary.) ghanthm lakes Drive Signature of a member of authorized representative of a member Tyler Purcell
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00