

L11000047002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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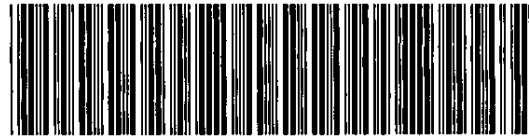
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 20 AM 9:59

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL SEGURIDAD CONSULTORES 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:

ALEXANDRA C. CASTANO

Name of Person

ACC CONSULTING SERVICES

Firm/Company

10100 NW 116 WAY STE 14

Address

MEDLEY, FLORIDA 33178

City/State and Zip Code

ALEXANDRACRISTINA2001@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA C. CASTANO

Name of Person

at (**305**) **889-0437**

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

FILED
2012 JAN 20 AM 9:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

GLOBAL SEGURIDAD CONSULTORES 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 04/20/2011 and assigned
Florida document number L11000047002.

This amendment is submitted to amend the following:

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

TOTAL SUPPLY SERVICES 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)

6706 TANGLEWOOD BAY DRIVE APT 6077

ORLANDO, FL 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10100 NW 116 WAY SUITE

MEDLEY, FLORIDA 33178

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:

10100 NW 116 WAY SUITE 14

Enter Florida street address

MEDLEY

, Florida

33178

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEJANDRO MUNOZ	8649 VIA BELLA NOTTE	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
MGRM	ALEJANDRO MUNOZ	6706 TANGLEWOOD BAY DRIVE	<input checked="" type="checkbox"/> Add
		APT 607	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32821	
			<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

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

Dated JANUARY 13, 2012

Signature of a member or authorized representative of a member

ALEJANDRO MUNOZ

Typed or printed name of signee

FILED
2012 JAN 20 AM 9:59
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA