

L11000048575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

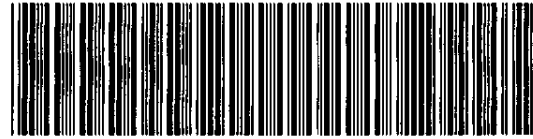
(Business Entity Name)

(Document Number)

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T. CLINE  
JUN 13 2011  
EXAMINER

2011 JUN 10 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOCIAL NETWORK 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:

Frank C. Miranda, Esquire

Name of Person

Frank Charles Miranda, P.A.

Firm/Company

703 West Swann Avenue.

Address

Tampa, FL 33606

City/State and Zip Code

mrijon@gmail.com

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

For further information concerning this matter, please call:

Frank C. Miranda, Esquire

Name of Person

at ( 813 )

254-2637

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, **SECRETARY OF STATE**  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed) **TALLAHASSEE, FLORIDA**

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**SOCIAL NETWORK 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 4/25/11 and assigned  
Florida document number L11000048575.

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)**

**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:

JON WHEELER

New Registered Office Address:

9997 100 10th Street N.

*Enter Florida street address*

SEMINOLE

, Florida

*City*

2011 JUN 10 10:04 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3772  
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

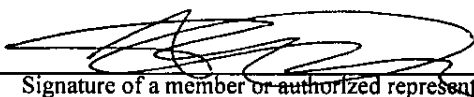
| <u>Title</u> | <u>Name</u>  | <u>Address</u>                                | <u>Type of Action</u>  |
|--------------|--------------|---|--|
| MGRM         | JON WHEELER  | 9997 100 10th Street N.<br>Seminole, FL 33772 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | JOHN WHEELER | 9997 100 10th Street N.<br>Seminole, FL 33772 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2011 JUN 10 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated June 7, 2011.

  
Signature of a member or authorized representative of a member

Jon Wheeler

Typed or printed name of signee