

L11000059107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUARD STATION SECURITY SYSTEMS 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:

GAYAN KODIKARA

Name of Person

GUARD STATION SECURITY SYSTEMS LLC

Firm/Company

4516 SW 10TH AVE. UNIT 102

Address

CAPE CORAL, FL 33914

City/State and Zip Code

gayankodiya@yahoo.com

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

For further information concerning this matter, please call:

GAYAN KODIKARA

Name of Person

at (239)

443-7280

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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DIVISION OF CORPORATIONS

(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 05/19/2011 and assigned Florida document number L11000059107.

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:

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:

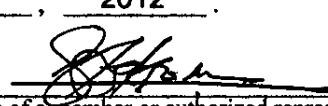
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEREMY DALTON	3725 AGUA LINDA BLVD. CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GAYAN KODIKARA	4516 SW 10TH AVE. UNIT. 102 CAPE CORAL, FL 33914	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

PLEASE AMEND ARTICLES OF ORGANIZATION AND/OR OPERATING
AGREEMENT TO REFLECT 47.335% OWNERSHIP TO JEREMY DALTON

Dated SEPTEMBER 10TH, 2012


Signature of a member or authorized representative of a member

GAYAN KODIKARA

Typed or printed name of signee

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Filing Fee: \$25.00

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