## 11000100590

Bone L. Hudson (Requestor's Name)
12 (a S.W. Class)
P.O. Box 2751  126 Sw Chafman Glen Lake City, FL 32056  Address)  Address)  386
Lake City FC 32025 438-8282 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Gateway to Florida Security LLC (Business Entity Name)
11000100590 (Document Number)
Certified Copies Certificates of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2011

BORIE L. HUDSON P.O. BOX 2751 LAKE CITY, FL 32056

SUBJECT: GATEWAY SECURITY, L.L.C.

Ref. Number: L11000100590

We have received your document for GATEWAY SECURITY, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

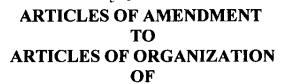
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 911A00021101

Leslie Sellers Regulatory Specialist II

www.sunbiz.org



Gateway Sec	curity, LLC			_	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear iability Company)	s on our records.	•		
The Articles of Organization for this Limited Liability Company	were filed on	09/01/2011	and	assigned	
Florida document number <u>L11000100590</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :			
Gateway to Florida	-				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designatio	n "LLC" or th	ne abbreviation	
Enter new principal offices address, if applicable:	<del></del>	· · · · · · · · · · · · · · · ·		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		<del> </del>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		_			
B. If amending the registered agent and/or registered off		ur records, <u>ent</u>	er the name	e of the new	
registered agent and/or the new registered office address here	<b>:</b>			ă	
Name of New Registered Agent:				)	
110000000000000000000000000000000000000				) iii	
New Registered Office Address:			10 1.0gg T	7 17-4-1	
_	Eni	ter Florida street	address =	The second	
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<del></del>	City	, Florida	Zip C	ode	
	CHY		- $        -$	CHEL	

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:

<u>le</u>	<u>Name</u>	Address	Type of Acti
<u> </u>	<u>Name</u>	Address	Type of Acti
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