

L11000103536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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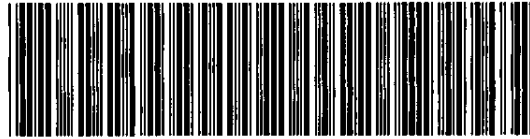
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

D. BRUCE

JAN 20 2012

EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: BLACK DIAMOND SECURITY AGENCY 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:

DEXTER L. BURNEY

Name of Person

BLACK DIAMOND SECURITY AGENCY LLC

Firm/Company

547 WEST 3RD STREET

Address

RIVIERA BEACH FL 33404

City/State and Zip Code

D.BURNEY@YAHOO.COM

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

For further information concerning this matter, please call:

DEXTER L. BURNEY

Name of Person

at (561)

876-9073

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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12 JAN 19 PM 12:10
TALLAHASSEE, FLORIDA

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

BLACK DIAMOND SECURITY AGENCY 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 09/09/11 and assigned
Florida document number L11000103536.

This amendment is submitted to amend the following:

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

BLACK DIAMOND SECURITY 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)

DEXTER L. BURNEY

547 WEST 3RD STREET

RIVIERA BEACH, FL 33404

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:

DEXTER L. BURNEY

New Registered Office Address:

547 WEST 3RD STREET

Enter Florida street address

RIVIERA BEACH

, Florida

33404

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

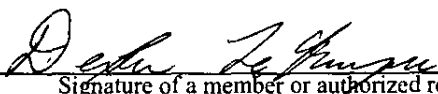
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DEXTER L. BURNEY	547 WEST 3RD STREET RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHAFFIN L. WHITE	4193 NORTH LANDAR DR. LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CHAFFIN L. WHITE	4193 NORTH LANDAR DR. LAKE WORTH, FL 33463	<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

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

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 12 JAN 19 PM 12:10
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Dated JANUARY 18, 2012



 Signature of a member or authorized representative of a member
 DEXTER L. BURNEY

 Typed or printed name of signee