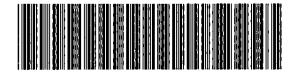
# 11000113307

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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RECEIVED

12 FEB -9 PM 2: 42

B. BOSTICK

FEB - 9 2012

**EXAMINER** 

## **COVER LETTER**

SUBJECT: <u>EXE</u> C	CUTIVE PROTEC Name of Lim	I Low Security, L.C. ited Liability Company	LC
The enclosed Articles of	f Amendment and fee(s) are sul	binitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	ERNES	Name of Person	
		Firm/Company	
	P.O. Box	521 Address	72 72 72 72 72 72 72 72 72 72 72 72 72 7
	TALLAHAS	City/State and Zip Code	AHASS -9
	ERNEST E-mail address: (	J280 Comc457 to be used for future annual report notifice	TO NET FOR B
For further information of	concerning this matter, please o	eall:	1. 4.2 CORN
ERVEST Name o	P. Joves of Person	at (850) 2/2 -2' Area Code & Daytime	788 Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section Division of Corporations** 

> 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXECUTIVE PROTECT	TTON SERVE	or LLC
(Name of the Limited Liability Compa	any as it now appears on o Liability Company)	our records.)
he Articles of Organization for this Limited Liability Compan	y were filed on 10/4	2011 and assigned
Florida document number <u>L11000113307</u> .	/ /	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	bility company here:	
KNIGHT HAWK SECURITY AND	PROTECTION :	SERVECES, LLC
he new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Company," th	ne designation "LLC" or the abbreviat
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		$\Delta \omega$
		- 2 P
		3 G 11
nter new mailing address, if applicable:		SS 9
Mailing address MAY BE A POST OFFICE BOX)	-	me 🖫 📶
		5° % ♥
		2 <b>5</b>
. If amending the registered agent and/or registered ogsistered agent and/or the new registered office address her		Page
	<u></u> -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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

Page 1 of 2

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

	<u>Name</u>		Address	Type of Actio
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· <u>·</u>				T Damesta
_ <del></del>		•		
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amendi ——	ng any other in	nformation, enter ch	ange(s) here: (Attach additional shee	ets, if necessary.)
			•	12 FEB - 9
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Page 2 of 2

Filing Fee: \$25.00