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NOV 21 2011

EXAMINER

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COVER LETTER

Division of C					
SUBJECT:	National Se	curity Network LLC			
	Name of Lim	ited Liability Company		_	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
		Sheri Andersen			
		Name of Person			
		Firm/Company	 	-	
	1575 ln	dian River Blvd. Suite C-22	5	<u> </u>	
	,			2011 FALLU	
		/ero Beach, FL 32960 City/State and Zip Code		2011 NOV 18 SECHERARY ALLAHASSE	77
	E-mail address: (ersensmile@gmail.com to be used for future annual report notifi	cation)		
For further information	concerning this matter, please	call:		5: 08 CRID	4 Ar. 4.
	heri Andersen e of Person	at (<u>772</u>) Area Code & Daytime	562-0088 Telephone Num	ber	
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)	Certifi Certifi	Filing Fee, icate of Status & ied Copy ional copy is end	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	National Secur	ity Network L	LC ·			
(<u>Nai</u>	ne of the Limited Liability Comp (A Florida Limited	any as it now apports and a second a second and a second	ears on our recor ')	<u>'ds.</u>)		
The Articles of Organization for	or this Limited Liability Compan	y were filed on _	October 27,	2011	_ and as	ssigned
Florida document number	L11000123155					
Γhis amendment is submitted t	o amend the following:					
A. If amending name, <u>enter</u>	the new name of the limited lia	bility company h	<u>ere</u> :			
	Advanced Digital	Protection LL	С			
The new name must be distinguis L.L.C."	shable and end with the words "Lin	nited Liability Com	pany," the design	ation "LL	C" or the	abbreviati
Enter new principal offices a	ddress, if annlicable:					
• •	T BE A STREET ADDRESS)	- 		THE STATE OF	20	
				A	WOW.	777
				ASE.		depositions depositions
nter new mailing address, i	fannlicable:			2988 0.7.V	œ —	i Th
Mailing address MAY BE A	• •			100	30 31	<u></u>
Autority Court Court In 1911 1	OGI OTTICE BOX			용된	<u>2</u>	Noga jirkii
				- GM	(6)	
	red agent and/or registered o ew registered office address he		our records, g	enter the	name	of the ne
Name of New Registe	ered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office	e Address:					
		I	Enter Florida str	eet addre:	SS.	
		C:L.	, Flor		7:- C	3
		City			Zip Coa	ie

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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			C'S
		HASSEE FLORID	Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	Remove
			
Dated	November 15, 20 $0.5 \times 0.0 \times $	011	
	Signature of a member	er or authorized representative of a member	
	Typec	Sheri Andersen d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00