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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

• Div	ision of Corp	orations			
SUR IFCT.	Core Security	Systems LLC			
SCHOLCI.		Name of Lim	ited Liability Company		_
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:	•	
		kendrick Julmis			
			Name of Person		
		Core security systems LLC	;		
			Firm/Company		
		4851 nw 103 ave #52			
			Address		_
		Sunrise Fl 33351			
			City/State and Zip Code		_
		Admin@coresccuritysystem			
		E-mail address: (to be used for future annual rep	port notification)	_
For further in	nformation con	ncerning this matter, please ca	all:		
kendrick Jul	mis		305 8794.	521	
	Name of	Person	at () Area Code	Daytime Telephone Num	ber
Enclosed is a	check for the	following amount:			
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi sed) Certifi	Filing Fee, icate of Status & ied Copy anal copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TOi

Registration Section

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

Core Security Systems LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	lears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	11/15/2011 and assigned
Florida document number L11000129665	- <u></u>	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>' here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
•	-	
		70
Enter new mailing address, if applicable:	=	
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	<u> </u>
5,		3
		?
		on our records, enter the name of the nev
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Leonard A Jeffers	
New Registered Office Address:	4851 NW 103 ave, #52	
	Enter 1	Florida street address
	sunrise	, Florida ³³³⁵¹
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LEONARD JEFFERS	3341 nw 47th terrace #201	Add
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effective da e: If the d	e, if other than te is listed, the dat ate inserted in the fective date on the	e must be specific ais block does n	c and cannot be pri not meet the app	licable statutor	g or more than S y filing require	(options to days after filisements, this day	ng.) Pursuai	nt to 605.0 be listed
he 90th	pecifies a dela day after the	record is file	ed.		cive time, a	: 12:01 a.n	n. on the	earlier
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Filing Fee: \$25.00