(Re	equestor's Name)	<u> </u>		
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JUN 2 0 2012

EXAMINER



300236213673

06/18/12--01008--024 **30.00

COVER LETTER

Division of Co	rporations		
HOD.	LIG SECTIBITY & IN	IVESTIGATION SERVIC	FSILC
SUBJECT: HOR		ited Liability Company	<u> </u>
G established		::	
			,
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		MAHER MALAK	
•		Name of Person	
	G&D ACCOL	JNTING AND TAXES SERVI	CES
	. 3	Firm/Company	•
		6771 LEE STREET	
		Address	
	нс	DLLYWOOD, FL 33024	
		City/State and Zip Code	
· .	mah	er_malak@hotmail.com	
	E-mail address: (to be used for future annual report notificat	ion)
For further information	concerning this matter, please o	eall:	
****	+ 31 × 49;		
MA	HER MALAK		2-8281
Name o	of Person	Area Code & Daytime T	elephone 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: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

Tailahassee, 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

HORUS SECURITY & INVESTIGATION SERVICES 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 I	iability Company were filed on	03/08/2012	and assigned	
Florida document number L1200003	3059			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company her	e:		
The new name must be distinguishable and end wi"L.L.C."	ith the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREET ADDRESS)			25 5	
•	•		IAR IAR	
Enter new mailing address, if applicable:			<u>m</u> -< = ₹	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
			SIX 5	
B. If amending the registered agent and/	or registered office address on a	ur records antor (Dri -	
registered agent and/or the new registered o	ffice address here:	ui records, <u>enter i</u>	the name of the new	
Name of New Registered Agent:	RAFI SAMAAN AKLADYOL	JS .		
New Registered Office Address:	2426 SHERMAN STREET #2			
	Enter Florida street address		ress	
	HOLLYWOOD	, Florida	33020	
	City		Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	roper and complete performance of stered agent as provided for in Cha registered office address, I hereby	f my duties, and I a poler 608, F.S. Or, confirm that the lim	m familiar with and if this document is uited liability	

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>	Name	Address	Type of Action
MGRM	RAFI SAMAAN AKLADYOL	2426 SHERMAN STREET #2 HOLLYWOOD, FL 33020	Add Remove
			Add Remove
			Add Remove
		***************************************	Add Remove
			Add Remove
 .			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			- .
			-
Dated	SAL	· ·	
	SAM eh Al	authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00