

L12000034303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

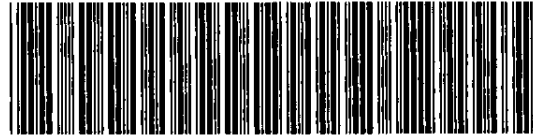
Special Instructions to Filing Officer:

A. LUNT

JUN 28 2011

EXAMINER

Office Use Only



300227048913

CLERK OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 25 AM 10:46

FILED

04/04/12--01016--010 **35.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2012

STACEY NORMAN
4029 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

SUBJECT: AZIMUTH SECURITY, LLC
Ref. Number: L12000034303

FILED
2012 JUN 25 AM 11:46
TALLAHASSEE, FLORIDA

We have received your document for AZIMUTH SECURITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 012A00011299



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2012

STACEY NORMAN
4029 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

SUBJECT: AZIMUTH SECURITY, LLC
Ref. Number: L12000034303

2012 JUN 25 AM 10:46
RECEIVED
TALLAHASSEE, FLORIDA

FILED

We have received your document for AZIMUTH SECURITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 412A00015323

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Azimuth Security, LLC

DOCUMENT NUMBER: L12000034303

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacey Norman

Name of Contact Person

Patrick & Robinson, CPA

Firm/ Company

4029 Atlantic Blvd

Address

Jacksonville, FL 32207

City/ State and Zip Code

stacey@cpasite.com

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

For further information concerning this matter, please call:

Stacey Norman

Name of Contact Person

at (904) 396-5400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
JUN 25 AM 10:47
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Azimuth Security, 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 March 12, 2012 and assigned

Florida document number L12000034303

This amendment is submitted to amend the following:

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

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)

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:

New Registered Office Address:

Enter Florida 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

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:

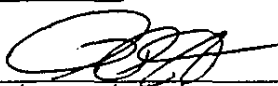
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	McDonald, John	3832 Tropical Terrace Jacksonville Beach, FL 32250, US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	McDonald, John	3832 Tropical Terrace Jacksonville Beach, FL 32250, US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	JohnSec, Inc	3832 Tropical Terrace Jacksonville Beach, FL 32250, US	<input checked="" type="checkbox"/> Add <input 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.)

Dated 5/31/12



Signature of a member or authorized representative of a member

MARK R. PATRICK

Typed or printed name of signee

FILED
2012 JUN 25 AM 10:47
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA