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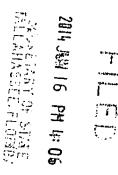
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COVER LETTER

TO: Registration Se Division of Cor			
Azim	uth Security, L	.LC	
SUBJECT: / Value		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lynn Barwe	II	
		Name of Person	
	Patrick & Ro	binson	
		Firm/Company	
	4029 Atlanti	c Blvd.	
		Address	
	Jacksonville	, FL 32207	22世 J型 16 PH 年 06 (cation)
		City/State and Zip Code	
•	Office@CPAsite.	com to be used for future annual report notif	cation) 7
For further information of	concerning this matter, please c	-	
Lynn Barwe		at 904 396-5	400
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
MAIL	ING ADDRESS:	STREET/COURÍ	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Azimuth Security, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears o Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on Marc	ch 12, 2012 and assigned
Florida document number L12000034303		
This amendment is submitted to amend the following:		28 山 近期
A. If amending name, enter the new name of the limit	ted liability company here	
		in the second
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the des	ignation "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applicable:	141 Island Dri	ve 🚆 📆
(Principal office address MUST BE A STREET ADDR	ESS) Ponte Vedra B	Beach, FL 32082
	141 Island Dri	ivo.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra t	Beach, FL 32082
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ur records, <u>enter the name of the ne</u>
Name of New Registered Agent: Ray	W. McDonald, Jr.	
New Registered Office Address: 141 I	sland Drive	
	Enter Florida	street address
Ponte	e Vedra Beach	, Florida <u>32082</u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Ray McDonald Jr.	141 Island Drive	Add
		Ponte Vedra Beach, FL 32	082 Remove
			Remove 22 T
			AGE IT
-			Remove
<u>.</u>			Add
			□ Remove
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ne date this document is filed by the Flori	ate of filing: be prior to date of receipt or filed date and car da Department of State)	(optional) not be more than 90 days after
he date this document is filed by the Flori	ate of filing: be prior to date of receipt or filed date and car da Department of State) 2014	(optional) not be more than 90 days after
the date this document is filed by the Flori ated May 28	da Department of State)	

Page 3 of 3

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Filing Fee: \$25.00