L12000080658

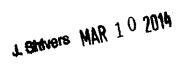
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



400257357354

03/07/14--01006--009 **25.00





March 4, 2014

Attached is an amendment for the Articles of Organization of a Florida Limited Liability Company.

Also attached is a copy of the Fictitious Name Detail that we filed on May 14, 2013.

When changing our legal name from Horseshoe Home Protection Agency LLC to Bay Area Security LLC, please transfer our fictitious name of Absolute Security or ADT along with the new legal name.

If you have any questions or need any further information, please let us know Thanks.

Sincerely,

Jeremy Myers Owner/President

Jm/pm

Absolute Security Inc 6497 Parkland Dr, Ste B Sarasota, FL 34243 (941) 752-0800 ph (941) 755-0801 fax

Email: absolute1install3@gmail.com

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

Horseshoe Home Protection Agency LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy Myers Name of Person Horseshoe Home Protection Agency LLC Firm/Company 6497 Parkland Drive Suite B Address Sarasota, FL 34243 City/State and Zip Code absolute1install3@gmail.com

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

For further information concerning this matter, please call:

Jeremy Myers

_{at} 941

752-0800

Name of Person

Area Cod

Daytime Telephone Number

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)

□ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Horsesnoe Home Protection (Name of the Limited (A	. ,	s it now appears on our recor	rds.)	_	
The Articles of Organization for this Limited Liab Florida document number L12000080058	pility Company wer	e filed on 06/18/2012	an	d assign	ed
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	he limited liability	company here:			
Bay Area Security, LLC					
The new name must be distinguishable and end with the wo	ords "Limited Liebility	Company," the designation "L	LC" or the abbreviat	ion "L.L.(D."
Enter new principal offices address, if applical	ble:		·		
(Principal office address MUST BE A STREET			127		
			25.77		• '
	-		1	1	. ,
Enter new mailing address, if applicable:			r s	777	W
(Mailing address MAY BE A POST OFFICE B	- OX)		- ;		
1023 W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				:.)	<u>`</u>
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered office agent. Name of New Registered Agent:			ds, enter the na	ame of	the new
New Registered Office Address:		Enter Florida street addr		·	
		, I	Florida	 Code	
New Registered Agent's Signature, if changing Re	egistered Agent:		24	0000	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	r and complete per tered agent as pro- egistered office ad hange.	rformance of my duties, vided for in Chapter 602 dress I hereby confirm the desired Agent, Signatur	and I am familia 5, F.S. Or, if this	r with a docume iability	and

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Palazzolo, John J, Jr	4731 W. Bay Vista Ave	
		Tampa, FL 33611	Remove
MGRM	Palazzolo, John J	6497 Parkland Drive Unit B	
		Sarasota, FL 34243	Remove
MGRM	Allen, Douglas R	6497 Parkland Drive Unit B	
		Sarasota, FL 34243	= Remove
			□ Add
			Remove
			□ Remove
			□ Add
			Remove

•	
ve date, if other than the date of fil	ing: (optional) date of receipt or filed date and cannot be more than 90 days after
ctive date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after
this document is filed by the Florida Departn	ment of State)
e this document is filed by the Florida Departm	•
e this document is filed by the Florida Departn	•
this document is filed by the Florida Departm	<u>, 20/4</u> .
this document is filed by the Florida Departm	

Page 3 of 3

Filing Fee: \$25.00