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COVER LETTER

	ision of Corp					
SUBJECT:	HORUS SEC	CURITY INSTITUTION LLC				
Name of Limited Liability Company						
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		SAMEH H. AKLADYOU	S			
			Name of Person			
		HORUS SECURITY INST	TITUTION LLC			
			Firm/Company			
		P.O.BOX 813341				
		•	Address			
		HOLLYWOOD, FL 33081				
			City/State and Zip Code	 		
		SAKLADYOUS@GMAIL.				
		E-mail address: (to be used for future annual report no	tification)		
For further in	formation co	ncerning this matter, please ca	all:			
SAMEH AK	LADYOUS		561 5025335 at ()			
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for the	following amount:				
\$25.00 F	iling 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

HOEUS SECURITY INSTITUTION LLC		
(Name of the Limited Liability Compa (A Florida Limited)	inv as It now appears on our records Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Company Florida document number L12000087739	were filed on 07/05/2012	and assigned
This amendment is submitted to amend the following:		# SEP-1
A. If amending name, enter the new name of the limited liab	ility company here:	皇帝二
STATE PROTETION INSTITUTION LLC		2 - m
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.E.C."
STATE PROTETION INSTITUTION LLC The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 813341 HOLLYWOOD FL. 33081	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	. Flo	rida
	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 **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add _□ Remove □ Change ☐ Add □ Remove _□ Change

_____ Change

_□ Add

☐ Remove

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Typed or printed name of signee

Filing Fee: \$25.00