

L12000099564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

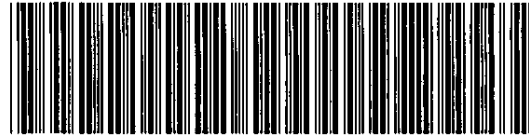
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700240341297

10/05/12--01004--028 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -5 AM 11:06

OCT - 8 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STELLAR SECURITY SOLUTIONS, 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:

Sedrick L. Rivers
Name of Person

Rand R Security Solutions, LLC
Firm/Company

2008 Riverside Ave, #305
Address

JACKSONVILLE, FL. 32204
City/State and Zip Code

SedrickRivers@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sedrick L. Rivers at (904) 374-1454
Name of Person Area Code & 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 OCT -5 AM 11:06

STELLAR SECURITY SOLUTIONS, 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 8/11/12 and assigned
Florida document number L12000099564.

This amendment is submitted to amend the following:

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

Rand R Security Solutions, LLC
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)

2008 Riverside Ave, #305
Jacksonville, FL 32204

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2008 Riverside Ave, #305
Jacksonville, FL 32204

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:

Sedrick L. Rivers

New Registered Office Address:

2008 Riverside Ave #305

Enter Florida street address

Jacksonville

City

Florida

32204

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.

Sedrick L. Rivers
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	Sedrick L. Rivers	2008 Riverside Ave #305 JACKSONVILLE, FL. 32204	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Releford	2008 Riverside Ave #305 JACKSONVILLE, FL. 32204	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Oct. 1, 200, 2012



Signature of a member or authorized representative of a member
Sedrick L. Rivers

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -5 AM 11:06