L12000100291

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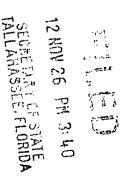
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EXAMINER



000241789490

11/26/12--01012--022 **25.00



COVER LETTER

Division of Corporations
SUBJECT: Dedicated Security INC
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:
Joshua Butter Name of Person
Dedicated Security Firm/Company
432 Cytle St Apt 3
West Palm Beach Fl 33405 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Butler at 561 371-3236 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

DEDICATED SECURITY LLC	<u> </u>	
(Name of the Limited Liabuity (A Florida)	y Company as it now appears on our record Limited Liability Company)	
		The state of the s
The Articles of Organization for this Limited Liability C	Company were filed on8/1/2012	and assigned
Florida document numberL12000100291		The Park
This amendment is submitted to amend the following:		Contraction
A. If amending name, enter the new name of the lim	ited liability company here:	7
The new name must be distinguishable and end with the work L.L.C."	rds "Limited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
-		
Mailing address MAY BE A POST OFFICE BOX)		
		6.1
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Selected agent and of the new registered office and	ress nere.	
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Florie	da
	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 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 = Ma	GRM = Managing Member		
Title MGRM	Cephus Louis Gipson	<u>Address</u> <u>921 S.F. Hall St.</u> Stuart F1 34994	Type of Action Add Remove
			Add Remove
			Add Remove
			Add
			Add Remove
			Add Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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ed			
	L ₁ K		
	Signature of a member or authorized representative of a member		
	Joshua J Siller		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00