

# L13000041073

(Requestor's Name)

390 Jefferson Drive 23-204  
Deerfield Beach, Florida 33442  
Phone: 855-321-PROTECT (7768)  
www.cdsprotective.com

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

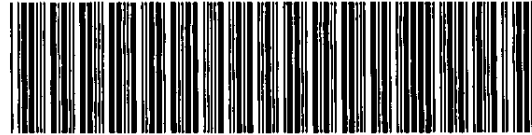
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outigan NOV - 7 2013

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2013 NOV -1 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CDS Training Institute 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 March 19, 2013 and assigned  
Florida document number L13000041073

This amendment is submitted to amend the following:

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

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)

390 Jefferson Drive -23-204  
Deerfield Beach Florida  
33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

390 Jefferson Drive 23-204  
Deerfield Beach Florida 33442

**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:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**





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

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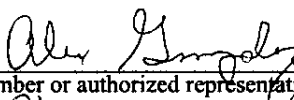
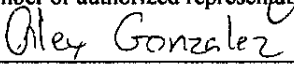
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Dated \_\_\_\_\_, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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