113000061696

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

Office Use Only



800283796938

03/31/16--01017--005 **25.00

16 MAR 31 PM 3: 43

APR 0 1 2016 Y SULKER

COVER LETTER

TO :	Registration Se Division of Cor	ction porations		
SUBJEC		Miller Investigative and Securi	ty Services, LLC	
SUBJEC	,1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Wesley Miller		
			Name of Person	
			Firm/Company	
		2680 Southland Road		
			Address	
		Mount Dora, Florida 3275	7	
		wmiller@millerandmiller.o	City/State and Zip Code	
			to be used for future annual report notifi	ication)
For furthe	er information c	oncerning this matter, please ca	all:	
Wesley N	Miller		352 978-9104 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	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

Miller and Miller Investigative and Security Services, 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 $\frac{04/29/13}{}$ and assigned Florida document number L13000061696 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 _

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGM	Donald Gene Miller	2680 Southland Road	■ Add
		Mount Dora, Florida 32757	☐ Remove
			Change
			Add
		 	☐ Remove
			Change
			Add
			Remove
		•	□ Change
			ි
			⊕ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

,				
· I	•			
			7.7r 1.7m 1.7m)	
			٠.	HAR.
				≅ ⇔
			7:-	`
			ης. Σ	PK
			(D) -	င္မာ ႏိ
			<u>\$1.</u>	<u>*</u>
			7 •	
	,			
ctive data if other than the	date of filing:		(optional)	
effective date is listed, the date mus	date of filing:t be specific and cannot be prior to	date of filing or more than	90 days after filing.) Purs	uant to 605.0
If the date inserted in this blument's effective date on the D	ock does not meet the applicable	le statutory filing requir	ements, this date will i	tot be listed
ment s effective date on the B	opartition of State 5 records.			
assed specifies a delayer	l offostiva data, but not :	an affactiva tima a	+ 13,01 a m on t	ho anrlia
ecord specifies a delayer ie 90th day after the rec	I effective date, but not a ord is filed.	an enective time, a	c 12.01 a.m. on c	ne carner
•				
d March 29th	2016			
/ /i	M1 4 D.	.•		
	//// ///!			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00