# L12000113351A

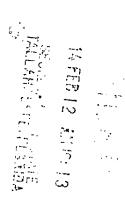
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Dusings Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900255289869

02/12/14--01013--027 \*\*30.00



J. SIGNERS FEB 1 3 2014

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: MBK	Security a	ard Investigo ited Liability Company	Fron LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ORlando LRamoso	Name of Person  Rity and Inv  Firm Company  Address  Address  City/State and Zip Code  City/State and Zip Code	
For further information c	oncerning this matter, please of	•	•
	λΜΟς f Person	at (321) 246- Area Code Daytime	6213 Telephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L13000133214 Florida document number 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" 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
nGR	Lino Rivera	8900 Legacy Court	Add	
		8900 Legacy Court Kissimmee, FL 3474	7 Remove	
			<del></del>	
			Add	
			Remove	
			<del></del>	
<del></del>			☐ Add	
		; .	100	
		2	☐ Remove	
			<del></del>	
<del> </del>			D Add	
			☐ Remove	
			D Add	
			☐ Remove	

If amending	; any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
Effective da	te, if other than the date of filing: (optional)
(The effective da	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	ocument is filed by the Florida Department of State)
Dated + Q	benary 5 2014.
_	Signature of a member or authorized representative of a member
	Luis Ramos
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00