

L13000147876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

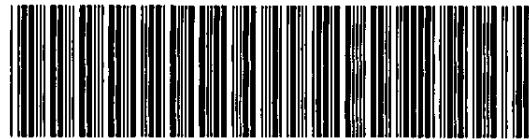
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/14--01007--014 **25.00

02/10/14--01036--006 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEDERAL SECURITY SPECIAL SERVICES 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:

JORGE ALORDA FONTE

Name of Person

FEDERAL SECURITY SPECIAL SERVICES LLC

Firm/Company

2351 SW 16 ST REAR

Address

MIAMI, FL 33145

City/State and Zip Code

JALORDA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE ALORDA

Name of Person

at (786) 499-3713

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2014

JORGE ALORDA FINTE
2351 SW 16 ST REAR
MIAMI, FL 33145

SUBJECT: FEDERAL SECURITY SPECIAL SERVICES LLC
Ref. Number: L13000147876

We have received your document for FEDERAL SECURITY SPECIAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of an interest exchange, pursuant to s.605.0212(11), Florida Statutes, each party to the interest exchange must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the interest exchange is submitted for filing.

In the First line you must list the name of the LLC as it's registered on our records.

On the Second line you list the name of the acquiring name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 414A00003157



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2014

JORGE ALORDA FONTE
2351 SW 16 ST REAR
MIAMI, FL 33145

SUBJECT: FEDERAL SECURITY SPECIAL SERVICES LLC
Ref. Number: L13000147876

We have received your document for FEDERAL SECURITY SPECIAL SERVICES LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 714A00005798

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FEDERAL SECURITY SPECIAL 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 10/21/13

Florida document number L13000147876

This amendment is submitted to amend the following:

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

J.A. SECURITY SPECIAL SERVICES 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)

2351 SW 16 Street
Miami FL 33145

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:

N/A

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 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALAHASSEE, FLORIDA

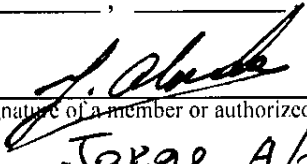
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03-24-14


Signature of a member or authorized representative of a member

Jorge Alorda Fonte
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA