

U3000148980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

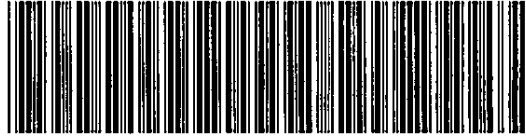
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 05 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elite Tactical K9 Security, 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:

Tiffany Brown
Name of Person

U.S. K9 Protective Services
Firm/Company

7750 NW 78th St #310
Address

TAMARAC FL 33323
City/State and Zip Code

k9@etsk9security.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tiffany Brown at (954) 348 2102
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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**

Elite Tactical K9 Security, 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 10/22/2013 and assigned Florida document number L13000148980.

This amendment is submitted to amend the following:

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

U.S. K9 Protective Services
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)

7750 NW 78th St
#310
TAMARAC, FL 33323

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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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:

Tiffany Brown

New Registered Office Address:

~~PO BOX~~ 7750 NW 78th St #310

Enter Florida street address

TAMARAC, Florida 33323
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

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>	<u>Type of Action</u>
MGR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TRC	Bobby Harris	Po Box 451083	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33345	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Volga	Po Box 451083	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33345	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TRC	Tiffany Brown	Po Box 451083	<input type="checkbox"/> Add
		Sunrise, FL 33345	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hector Ramnarine	7455 NW 44 th St	<input type="checkbox"/> Add
		# 1013, Landerhill	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FILE

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA
15 OCT - 2 21 PM '15

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 25th September, 2015.

Handwritten signature of Tiffany Brown.

Signature of a member or authorized representative of a member

Tiffany Brown

Typed or printed name of signee