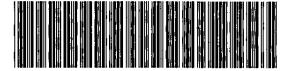
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T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

Smith Security & Investigative 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:

Keathel Chauncey, Esq.

Name of Person

Fresh Legal Perspective, PL

Firm/Company

3802 Ehrlich Road, Suite 308

Address

Tampa, FL 33624

City/State and Zip Code

Contact@BLTFL.com

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

For further information concerning this matter, please call:

Keathel Chauncey

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 ARTICLES OF ORGANIZATION **OF**

ALLAMASSLE OF STATE OF THE STAT Smith Security & Investigative 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 03/07/2014 and assigned Florida document number L14000038399 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Smith Security & Advisory 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) 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

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 Title <u>Name</u> **Address Type of Action** Diane E. Lavecchia MGR 8017 Cypress Crossing Court □ Add Tampa, FL 33647 **■** Remove Diane E. Lavecchia **AMBR** 8017 Cypress Crossing Court ■ Add Tampa, FL 33647 ☐ Remove _□ Remove _□ Add ☐ Remove

. If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
	
<u>-</u>	
	
Effective date, if other than the date of for (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depart	to date of receipt or filed date and cannot be more than 90 days after
Dated June 17	2014
1414	··································
Signature of	of a member or authorized representative of a member
Keathel Chaunce	•
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00