

L14000039986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

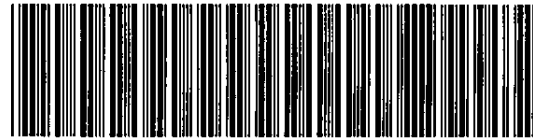
(Business Entity Name)

(Document Number)

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MAR 26 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & T ELite Security Services L.L.C.
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:

TAWNIA V. BRYANT / LEAMONS. BRYANT
Name of Person

L & T ELite Security Services L.L.C.
Firm/Company

5401 S. KIRKMAN Rd., Suite #310
Address

ORLANDO, FLORIDA 32819
City/State and Zip Code

tawnia.bryant@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAWNIA V. BRYANT at 321 662-1531
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**

FIVE STAR ELITE Security Services L.L.C.
(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 3/10/2014 and assigned Florida document number L400257523264

This amendment is submitted to amend the following: L14-39986

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

L & T ELITE Security Services L.L.C.
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)

SAME AS Address
5401 S. Kirkman Rd Suite #310
Orlando, Florida 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS the Above
Address

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

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 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	Name	Address	Type of Action
CEO/ OWNER MANAGER	TAWNIA V. BRYANT	12803 GROVEHURST AVE WINTER GARDEN, FL 34787	<input type="checkbox"/> Add NO change <input type="checkbox"/> Remove
CO-OWNER MANAGER	LEAMON S. BRYANT	12803 GROVEHURST AVE WINTER GARDEN, FL 34787	<input type="checkbox"/> Add NO change <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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: 3/10/2014 (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 3/20/2014, 2014

Tawniya Y. Bryant / Leamon S. Bryant
Signature of a member or authorized representative of a member
TAWNIA Y. BRYANT / Leamon S. Bryant
Typed or printed name of signer

2014 MAR 24 P 11
611.00