## 14000058196

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SECRETARY OF STATE

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## **COVER LETTER**

	iration Section of Corp			
SUBJECT:	Security Adv	rantage LLC		
OBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for tiling.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Jeff Luther		
			Name of Person	
			Firm/Company	
		415 25th Ave SW		
			Address	
		Vero Beach, FL 32962		
			City/State and Zip Code	
		jeffluther@comcast.net		
For further info	ormation co	E-mail address: () neerning this matter, please ca	to be used for future annual report not all:	incation)
Jeff Luther			772 321-5804	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a c	check for the	following amount:		
■ \$25,00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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

Security Advantage LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000058196</u>	were filed on 04/09/2014 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	pility company here:			
Jeff Luther Realtor LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	415 25th Ave SW			
(Principal office address MUST BE A STREET ADDRESS)	Vero Beach, FL 32962			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	SE SE			
Name of New Registered Agent:	JAN JAN			
New Registered Office Address:	<u>ත සුදුල</u>			
	Enter Florida street address			
	City Zip Codes			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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 **Address** Type of Action **Title** <u>Name</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove \_□ Change \_□ Remove \_ Change \_□ Add □ Remove ☐ Change A JAN Nove \_\_ Change သ သ 26

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ctive date, if other than the effective date is listed, the date must	be specific and cannot be	prior to date of filing or	(option more than 90 days after fil	ing.) Pursuant to 605.0
e: If the date inserted in this blo iment's effective date on the De			ng requirements, this d	ate will not be listed
	•			
ecord specifies a delayed		t not an effective	time, at 12:01 a.r	n. on the earlie
ne 90th day after the reco	ord is filed.			
January 9	2018			
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Carried Contraction	<del></del>	<u>-</u>		JAN
	Signature of a member or	authorized representativ	ve of a member	_
Jeff Luther				6 

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Filing Fee: \$25.00