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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers MAY 07 2015

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **NATSAR PROTECTIVE 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:

**PRINTELLA BANKHEAD**

Name of Person

**EBS SECURITY**

Firm/Company

**220 E FORSYTH ST. SUITE C**

Address

**JACKSONVILLE, FL 32202**

City/State and Zip Code

**EBSSECURITY@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**THOMAS K. MCLEOD**

904 955-2323  
at ( )

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**

**NATSAR PROTECTIVE 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 1/30/2015 and assigned  
Florida document number L15000018528.

This amendment is submitted to amend the following:

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

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:

E. BLAND COLOGEN

New Registered Office Address:

1 INDEPENDENT DR., STE. 117

Enter Florida street address

JACKSONVILLE

, Florida

City

32202

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 603, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	THOMAS MCLEOD ✓	1 INDEPENDENT DR., STE. 117	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Remove
MR	CHRIS AUSTIN ✓	1 INDEPENDENT DR., STE. 117	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Remove
MS	PRINTELLA BANKHEAD ✓	230 EAST FORSYTH ST SUITE C	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Remove
MR	E BLAND COLOGEN	1 INDEPENDENT DR., STE. 117	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Remove
MS	PRINTELLA BANKHEAD, ✓	EBS SECURITY, INC	<input checked="" type="checkbox"/> Add
		230 EAST FORSYTH ST., SUITE C	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32202	
MR	E BLAND COLOGNE, PRE	FIRST COAST SECURITY SOLUTIONS	<input checked="" type="checkbox"/> Add
		1 INDEPENDENT DR., STE. 117	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32202	

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

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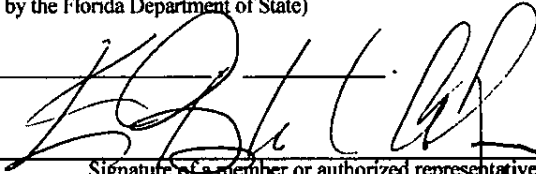
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 4/20/2015



Signature of a member or authorized representative of a member

**E BLAND COLOGNE , PRESIDENT FIRST COAST SECURITY SOLUTIONS**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 MAY -4 AM 7:17  
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TALLAHASSEE, FLORIDA