15000025235

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| . (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

UN 1 7 2015 T. HAMPTON

COVER LETTER

| Div | ision of Corpo | rations | | |
|----------------|----------------|--|---|--|
| SUBJECT: | SECURITY | SECURITY PROFES | SIONAL SOLUTIONS | LLC |
| 20202011 | | Name of Limit | ted Liability Company | ······································ |
| | | | | |
| The enclosed | Articles of Ar | nendment and fee(s) are subn | nitted for filing. | |
| Please return | all correspond | ence concerning this matter t | o the following: | |
| | | | | |
| | | Sam Landers | | |
| | | | Name of Person | |
| | | Lockbusters of South | nwest Florida, Inc. | |
| | | | Firm/Company | |
| | | 110 Genesis Road | 1 | |
| | | | Address | |
| | | Scott, LA 70583 | | |
| | | | City/State and Zip Code | |
| | | Sam.Landers@samla | | |
| | | E-mail address: (to | o be used for future annual report | notification) |
| For further in | formation con | cerning this matter, please ca | II: | |
| Tommy R | lex | | 813 29938 | 09 |
| | Name of P | erson | Area Code Da | ytime Telephone Number |
| | | | | |
| Enclosed is a | check for the | following amount: | | |
| ☑ \$25.00 F | iling 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) |
| | | | | |

TO:

Registration Section

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



March 9, 2015

To Whom It May Concern:

This letter is to serve as a confirmation of daytime phone number and return address.

Lock Busters of Southwest Florida, Inc. 110 Genesis Road Scott, LA 70583

337-873-7360

Sincerely,

Lisa R. Melancon

Corporate Office Manager

CORPORATE OFFICE

Lock Busters, Inc.

Lock Busters of Southwest Florida, Inc.

PAL Dispatch

110 Genesis Road, Scott, Louisiana 70583

Phone: 337-873-7360 • Fax: 337-873-7062 • Website: www.popalock.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECURITY PROFESSIONAL SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida Limited L | lability Company) | |
|---|---------------------------------------|------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000025235</u> | were filed on 2/10/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and end with the words "Limited Liabi | ility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | FG & T |
| (Principal office address MUST BE A STREET ADDRESS) | | 33 - 9 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | MIII: 56 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | |
| | 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** Name <u>Address</u> Type of Action **AMBR** LOCKBUSTERS, INC. 110 GENESIS ROAD _□ Add **SCOTT, LA 70583** Remove LOCK BUSTERS OF SOUTHWEST FLORIDA, INC. 110 GENESIS ROAD **AMBR** Lockbusters of Southwest I Add SCOTT, LA 70583 □ Remove _□ Add ☐ Remove ☐ Remove ☐ Add ☐ Remove

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| ective date, if other than the effective date must be specific, cann date this document is filed by the Florian | not be prior to date of receipt or filed date and cannot be more than 90 days after |
| date this document is filed by the Flo | e date of filing:(optional not be prior to date of receipt or filed date and cannot be more than 90 days after lorida Department of State) |
| e date this document is filed by the Flo | lorida Department of State) |
| fective date, if other than the e effective date must be specific, canne date this document is filed by the Florited | lorida Department of State) |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE