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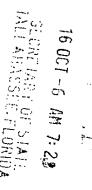
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

SUBJECT: AHI	onwide Securi	ty and figal So	ervices_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	Damior	n Powell	
	Nationwide .	Name of Person Security and Jeg Firm/Company	ral Scruies
,	4699 NS	THAC Ad 7 Sui	to W
•	PAMArAC:	41 33319	
	DAmion Dowe E-mili address: (i	City/State and Zip Code Code	
Por lumber information of	oncerning this matter, please ce	all:	
DAMION.	Powell of Person	at (<i>95</i> 4) 658-	3284 Telephone Number
Enclosed is a check for the	· · · · · · · · · · · · · · · · · · ·	·	· ·
\$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:

TO:

Registration Section Division of Corporations

> 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

Ationwide Security on	a least Su	21°C 0
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now/appears on our records,	
`	10/00/	10011
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10/05}{}$	30/6 and assigned
Florida document number <u>L 15000 72667</u> .	/ /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NAtionwide Security Aca	ademy LLC	
The new name must be distinguishable and contain the words/Limited Liabil	ity Company the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	n/A	
		22 8
		表示 <u>ブ</u>
Enter new mailing address, if applicable:	AIA	25 CD 12
(Mailing address MAY BE A POST OFFICE BOX)	MA	
		D 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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
registered agent and/or the new registered office address here	:•	
Name of New Registered Agent:	NA	
New Registered Office Address:	NA	
	Enter Florida street address	
	, Flo	rida
	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 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 = A	Authorized Member		
Title	Name	Address	Type of Action
			DAdd
			□ Remove
			Change
			Remove
			☐ Change
			
			Remove
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·			Add
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	7 - 6 7A:8:8
) *
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstruction.	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605 blicable statutory filing requirements, this date will not be listereds.
e record specifies a delayed effective date, but the sound specifies and record is filed.	not an effective time, at 12:01 a.m. on the earlie
ated 10/03/16	
Hotel 1	
_ ////////	1

Page 3 of 3

Filing Fee: \$25.00