L14000020774

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COVER LETTER

T		ation Section of Corpor			
SI	J BJECT :	A Security	LLC		
50			Name of Limi	ited Liability Company	
Th	ne enclosed Arti	icles of Am	endment and fee(s) are sub	mitted for filing.	
Ple	ease return all c	corresponde	nce concerning this matter	to the following:	
			JD O'Neal		
		•		Name of Person	
OA Security LLC					
		•		Firm/Company	
			93129 4th Street N.		
		•		Address	
			Pinellas Park, Florida 3378	32	
		•		City/State and Zip Code	·
		_	DASECURITY@AOL.CO		
			E-mail address: (t	to be used for future annual report notif	ication)
Fo	r further inforn	nation conce	erning this matter, please ca	all:	
JI	D O'Neal or Ma	atthew		727 678 6383	
		Name of Per	son	Area Code Daytime	e Telephone Number
En	nclosed is a chec	ck for the fo	ollowing amount:		
	\$25.00 Filing	; Fee [330.00 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

OA SECURITY LLC				
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on January 29th 2016	and as	signed	
Florida document number L16000020774	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviation "L	L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		5	
		<u> 28</u>	<u> 2"*</u>	
		돌하	20	
Enter new mailing address, if applicable:		SSS	29	- (1755) - (1755)
(Mailing address MAY BE A POST OFFICE BOX)		;;; <u>c</u> ;	PH	一 む。
(1/2/1/1/2017)		69		_
		Đị.	35	
B. If amending the registered agent and/or regressistered agent and/or the new registered office ad		the name	of the	e new
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pastor Amanda Reach The Beach		
			■ Remove
			☐ Change
AMBR	JD O'Neal	93129 4th street n. pinellas park, fl.	■ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change SECOH Add 29
			P Remove
<u></u>			□ Add
			□ Remove
			Change

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			Typed or print	ed name of signee		EOU FINAL FI	P# ::
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