116000108959

- (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration So Division of Co			
	MERY SECURITY SERVICE	S LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GARTH M. HENRY		
		Name of Person	
	MONTGOMERY SECUR	ITY SERVICES LLC	
		Firm/Company	
	3538 NW 99 AVE, UNIT	1A	
		Address	
• • •	SUNRISE FL 33351		
	,	City/State and Zip Code	
Section of the Control of the Contro	MONTGOMER220@GMA		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
GARTH HENRY		954 478-8467 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

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

MONTGOMERY SECURITY SERVICES LLC		
(<mark>Name of the Limited Liability C</mark> (A Florida Li	Company as it now appears on our s mited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	npany were filed on JUNE 06, 2	and assigned
Florida document number L16000108959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u></u>	(- <u>></u>
	<u> </u>	The second of
		Section 1994 Section 1994
Enter new mailing address, if applicable:		2000年
(Mailing address MAY BE A POST OFFICE BOX)	***	19 0 O
		2: STA STA
		DE O
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		cords, enter the name of the nev
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
MGR	LAWRENCE DAVIS	2294 SW NATEMA RD,	Add
		PORT SAINT LUCIE, FL 34953	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
		(*) 1	Remove Change Change Remove Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e Note	ctive date, if other than the date of filing:
aocu	
he r	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the specifies a delayed is filed.
he ro Th	SEPTEMBER 7TH 2016
he ro Th	Signature of a member or authorized representative of a member.
he ro Th	SEPTEMBER 7TH Signature of a member or authorized representative of a members GARTH M. HENRY
:he r	SEPTEMBER 7TH 2016 Signature of a member or authorized representative of a member.

Filing Fee: \$25.00