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(Re	questor's Name)	
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D. SCOTT NOV 9 2016

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Mongomery Security Services Name of Limited	Liability Company		
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.		
Please return all correspondence concerning this matter to t	the following:		
	Garth Henry		
	Name of Person		
•	3835 N.W. 99 th Ave Address		
(Sunrise, Fl. 33351 City/State and Zip Code		
montgome:	r220@gmail.com		
E-mail address: (to b	pe used for future annual report	t notification)	40.7
For further information concerning this matter, please call:			2000年1
Garth Henry	at (<u>954</u>) <u>478 - 8467</u>		INSTERIOR LEU
Name of Person	Area Code Da	aytime Telephone Number	A IS O
Enclosed is a check for the following amount:			नित्र ज
Sectificate Section S	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y

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

(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 file on June 6 th 2016	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 liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:		TS: 5
Name of New Registered Agent:		
New Registered Office Address:		LED -7 P
	Enter Florida street address	PH 12: 05 FLORIDA
, Florida	Cin	Zin 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.

Page 1 of 3
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
Consultant	Lawrence Davis	2294 S.W. Natema Rd. Port Saint Lucie, Fl 34953	□ Add
X Change			
Operations	MGR Jeranius F Sylvestre	1921 Lyons Road Coconut Creek, Fl. 33063	⊠ Add
			Add
□ Remove			
☐ Change			•
			Add
. Remove			
☐ Change		P. C. P. P. C. P. C. P. P. P. C. P. P. P. C. P.	SEGNETAL TO
☐ Remove			FILED PM 12: 05 NOV - AT PM 12: 05
☐ Change			Dr. V
	□ Remove		
	□ Change		

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(If an effe (3)(b) <u>N</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (day after the record is filed.
Dated	Nov 1 st , 2016 Signature of a member or authorized representative of a member
	Garth Henry Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

