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K. SALY MAY -5 2017

COVER LETTER

	ision of Cor				
SUBJECT:		y Services of America, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Alcida Ors Waldman, E🍕			
			Name of Person		
		Aleida Ors Waldman, P.A			
		Firm/Company			
		440 South Andrews Avenu	ıe		
			Address		
		Fort Lauderdale, FL 3330	i		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report noti	fication)	
For further in	nformation c	oncerning this matter, please e	all:		
Aleida Ors V	Waldman		954 524-1100 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	ne 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)	

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

ZOITMAY -3 PM PS: 06

TALLAHASSEE. FLORIDA

FPI Security Services of America, LLC

(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 filed on $\frac{O}{C}$	etober 3, 2016 and assigned
Florida document number L16000183964	,	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered		our records, enter the name of the new
registered agent and/or the new registered o	omce aguijess nere,	
Name of New Registered Agent:	Alexander A. Perez	
New Registered Office Address:	1776 West 38 Place	
	Enter Flo	rida street address
	Hialeah	, Florida 33012
	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, Mignature 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
V	Daniel Gonzalez	1776 West 38 Place	■ Add
		Hialcah FL 33012	☐ Remove
	,	·_ ·	Change
vs	Teresa Maite Perez	1776 West 38 Place	∃ ∧dd
		Hialeah FL 33012	□ Remove
			☐ Change
			SECHETARY OF SHATE TALLAHASSHE, FLORIDA
			Remove
			Change
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ective date, if other than the effective date is listed, the date mu	st be specific and canno	t be prior to date :	of filing or more than 90	(optional) days after filing.) P	ursuant to 605.020
e: If the date inserted in this b ument's effective date on the E			tutory filing requiren	nents, this date wi	II not be listed a
ament serredive date wither	epartment (A rotate ti	recorrain.			
record specifies a delaye	d effective date	hut not an e	ffective time at	12:01 a.m. or	the earlier o
he 90th day after the rec		bat not an c	ricative time, at	12.01 0 01	Time carrier o
ed April 27	201	7			
			2		
			75		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00