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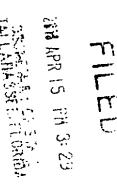
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TO: **Registration Section Division of Corporations** ORLANDO LIMO & SECURITY SERVICES LLC SUBJECT: ___ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YASSINE JHAA Name of Person Firm/Company 10748 HOBBIT CIRCLE 108 Address ORLANDO FLORIDA 32836 City/State and Zip Code YASSINEJHAA@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 267-6666 YASSINE JHAA Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

17	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	A Florida Elimited Elabritty Company)	
e Articles of Organization for this Limited Lia orida document number	bility Company were filed on	and assigned
is amendment is submitted to amend the follow	wing:	
If amending name, enter the new name of t	the limited liability company here:	
RLANDO LIMO & SECURITY SERVICES LLC		
new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abb	previation "L.L.C."
iter new principal offices address, if applical	ble:	
rincipal office address MUST BE A STREET	(ADDRESS)	
If amending the registered agent and/or the new registered offi	r registered office address on our records, <u>enter (</u> ice address here:	the name of the
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gistered agent and/or the new registered offi Name of New Registered Agent:	<u> </u>	
gistered agent and/or the new registered offi	<u> </u>	च्य (Cr) १७ ०० व्यक्त
gistered agent and/or the new registered offi Name of New Registered Agent:	Enter Florida street address	2018 APR 15
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	
gistered agent and/or the new registered offi Name of New Registered Agent:	Enter Florida street address City	2018 APR 15
Name of New Registered Agent: New Registered Office Address: We Registered Agent's Signature, if changing Registereby accept the appointment as registered	Enter Florida street address City egistered Agent: agent and agree to act in this capacity. I further agree	Zip Gode. Zip Gode. Zip Gode. ee to comply with
Name of New Registered Agent: New Registered Office Address: We Registered Office Address: We Registered Agent's Signature, if changing Reserved accept the appointment as registered ovisions of all statutes relative to the proper	Enter Florida street address City egistered Agent: agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am for	AFA Sip Gode. Zip Gode. Comply with and imiliar with and
Name of New Registered Agent: New Registered Office Address: We Registered Office Address: We Registered Agent's Signature, if changing Reserved accept the appointment as registered ovisions of all statutes relative to the propercept the obligations of my position as regist	Enter Florida street address City egistered Agent: agent and agree to act in this capacity. I further agree	ee to comply with and if this document

MGR = Manager

AMBR = Authorized Member

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	Signatur	re of a member or author	zed representative of a men	nber	
YASS	INE JHAA				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00