

L130000168467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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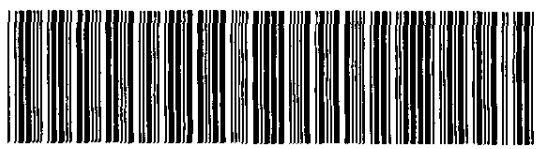
(Business Entity Name)

(Document Number)

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SEP 17 2015

Y SULKER

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: SECURITY ONE OF FLORIDA LLC

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:

BRONIC J. ZAGROBELNY

Name of Person

Firm/Company

3100 SE PRUITT RD., APT G-107

Address

PORT SAINT LUCIE, FL 34952

City/State and Zip Code

BRONIC@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRONIC J. ZAGROBELNY

at ( 561 ) 427-1700

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

SECURITY ONE OF FLORIDA 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 12/05/2013 and assigned Florida document number L13000168467.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 applicable:

3100 SE PRUITT RD, APT G-107

**(Principal office address MUST BE A STREET ADDRESS)**

PORT SAINT LUCIE, FL 34952

Enter new mailing address, if applicable:

3100 SE PRUITT RD, APT G-107

**(Mailing address MAY BE A POST OFFICE BOX)**

PORT SAINT LUCIE, FL 34952

**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:**

Name of New Registered Agent:

BRONIC J. ZAGROBELNY

New Registered Office Address:

3100 SE PRUITT RD, APT G-107

*Enter Florida street address*

PORT SAINT LUCIE

, Florida 34952

*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.*

  
Bronic J. Zagrobelny

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EACHUS, BEN R	700 E. BOYNTON BCH BLVD	<input type="checkbox"/> Add
		APT #608	<input checked="" type="checkbox"/> Remove
		BOYNTON BEACH, FL 33435	<input type="checkbox"/> Change
MGR	ZAGROBELNY, BRONIC J.	3100 SE PRUITT RD	<input checked="" type="checkbox"/> Add
		APT #G-107	<input type="checkbox"/> Remove
		PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Change
MGR	JONES, GEORGE D, JR	674 NW LIBRARY COMMONS V	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Also enclosed are the following forms; to validate the changes of Members and Registered Agent:

- Statement of Resignation of Registered Agent for George D. Jones, Jr.

- Dissociation or Resignation of Member, Manager for George D. Jones, Jr.

- Dissociation or Resignation of Member, Manager for Ben R. Eachus

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

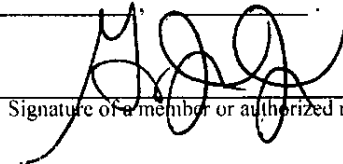
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 9 2015



Signature of a member or authorized representative of a member

GEORGE D JONES, JR

Typed or printed name of signee