

UB000168467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

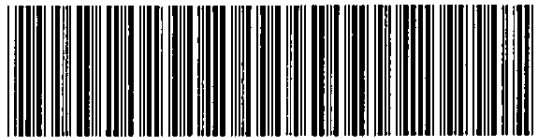
(Business Entity Name)

(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE:** 2/24/16

**NAME:** THE SECURITY STORE LLC

**TYPE OF FILING:** AMENDMENT

**COST:** 30.00

**RETURN:** PLAIN COPY AND GOOD STANDING PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Attache*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE SECURITY STORE 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 34952-5950  
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

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**16 FEB 24 AM 9:51**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*BJZ*



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

Title                      Name    Address    Type of Action

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change

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

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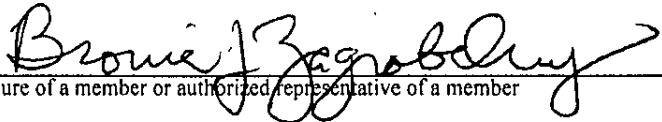
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 FEBRUARY 23, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

BRONIC J ZAGROBELNY  
\_\_\_\_\_  
Typed or printed name of signee