

L14000174785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

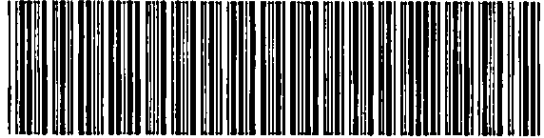
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A.

Office Use Only



200392765382

08/22/22--01018--027 \*\*25.00

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2022 AUG 22 AM 9:08

J DENNIS  
NOV 08 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: US Knights Security Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

WALEED AL RAWI  
Name of Person

US Knight Security Services, LLC  
Firm/Company

12959 Anthorne Ln, Boynton Beach  
Address

Boynton Beach, FL 33436  
City, State, and Zip Code

al.thelagj2004@yahoo.com  
E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call

WALEED AL RAWI at ( 561 ) 888 9605  
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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

U.S. KNIGHTS SECURITY SERVICES  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company) LLC

The Articles of Organization for this Limited Liability Company were filed on 11/10/2014 and assigned Florida document number L14000174785

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: \_\_\_\_\_

(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:

Name of New Registered Agent \_\_\_\_\_

New Registered Office Address \_\_\_\_\_

*(Must be a street address)*

\_\_\_\_\_ Florida \_\_\_\_\_

*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 602, 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, 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>
AMBR	WEBER	ROBERT SCOTT; II	X Add
	Address!!	208 PLANTATION BLVD LAKE WORTH, FL 33467	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 08-18-2022 (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 6018.0, 2017 Code).  
**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 (a) the 90th day after the record is filed

Dated 08-18-2022

Signature of a member or authorized representative of a member

Waleed Alrawi  
Typed or printed name of signer