L19CC0127259

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/State/Zip// Hone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· —				
r				
Special Instructions to Filing Officer:				

Office Use Only



900330597509

06/17/19--01010+-017 **25.00

2019 JUN 17 All 5: 48

Amend

JUN 27 2019 I ALBRITTON

COVER LETTER

то:	Registration Se Division of Cor						
SEGURITY AND SERVICE LLC							
SUBJECT:							
The er	sclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.				
Please	return all correspo	ondence concerning this matter	to the following:				
		RUBI-N ZURGA					
		MIAMI ACCOUNTING &	Name of Person E TAX SERVICES LLC				
	Firm/Company 15807 BISCAYNE BLVD STE 115						
	Address NORTH MIAMI BEACH, FL 33160						
			City/State and Zip Code				
For fu	rther information c	Formal address (to be used to future annual report i	ofification)			
RUBEN ZURGA		786 657-2521					
	Name o	f Person	Area Code Day	time Telephone Number			
Enclos	sed is a check for th	he following amount:					
■ \$2	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		STREET/COU Registration Sec Division of Cor Cletion Building	porations				

Tallahassee, 14, 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF.

SEGURETY AND SERVICE 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 $\frac{05/10/2019}{1}$ and assigned Florida document number 1,19000127259 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 "LLC." 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 n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 ι 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.

H Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add-or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	YACUZZI, JORGE A	753 SHOTGUN RD	
		· · · · · · · · · · · · · · · · · · ·	
		SUNRISE, FL 33326	_
			■ Remove
			Change
	YACUZZI, MAURICIO A	753 SHOTGUN RD	Change
AMBR			
		SUNRISE, FL 33326	
		· - · · · · · · · · · · · · · ·	■ Remove
			Change
		- · - · - · · · · · · · · · · · · · · ·	
			□ Remove
			Change
·			
			Remove
		_, ,	Change
			Remove
			Change
			□ Add
			☐ Remove
			Change

·		
		· ————————————————————————————————————
	 	
		· • • • • • • • • • • • • • • • • • • •
	06/13/2019	
E. Effective date, if other than the (If an effective date is listed, the date is	he date of filing:	(optional) e of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
document's effective date on the	Department of State's records.	statutory filing requirements, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the re		effective time, at 12:01 a.m. on the earlier of:
Dated	2019	
	7_/	
	Signature of a member or authorized	representative of a member
RUBEN ZURGA		
	Typed or printed nar	ne of signee

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

Page 3 of 3

Filing Fee: \$25.00