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## **COVER LETTER**

Division of Corp	orations		
SUBJECT:		H AND INFO	SERVICESS. LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	SOL	BANKOLE Name of Person	<del></del>
	SABTEC	14 MAD INFO Firm/Company	SERVICES, LLC
	5387 S	W HOTH AVE	70EH204
	FORT LAU SOI_bonk	DERDALE, FL City/State and Zip Code -3 @Yahoo · Con	33314
	E-mail address ()	o be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	di:	
SOL R	ANKOLE Person	at ( <u>305)</u> <u>458</u> Area Code Daytime	relephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
• · - •	NG ADDRESS:	STREET/COURIE Registration Section	

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

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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	e filed on MAY 31.	<u> 2019</u> and a	ıssigne
Florida document number <u>L19000145087</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability  SAB BIOMETRIC AND IN	FO SERVIC	ES 11	
The new name must be distinguishable and contain the words "Limited Liability C	ompany, the designation "LLC o	r the appreviation	12.12.0
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records,	enter the time	e of
		1488 1488 1488 1488 1488 1488 1488 1488	1 }
Name of New Registered Agent:			177
New Registered Office Address:	Enter Florida street address	108 F	
	, Flori	ida 🖰 🔛	
	City	Zip Coc	le
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
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SEE, FLORIDA	ng:	if other than the date of fili is listed, the date must be specific a	fective date, if one of each in the control of the date in the dat

Page 3 of 3

Filing Fee: \$25.00