## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POLICING WITH OUR COMMUNITY LLC

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Corporate Filing Menu

Help

From: Remy Gonz

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

2021-12-07 12:07:49 PST

POLICING WITH OUR COMMUNITY	LLC	3
(Name of the Limited Lia (A Flo	bility Company as it now apperida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Florida document number L21000346997	y Company were filed on 0	8/02/2921 and assigned
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:		
	The new name must be distinguishable and contain the words "l	Limited Liability Company," the
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		on our records, enter the name of the new
Name of New Registered Agent:	·····	
New Registered Office Address:	Enter Fl	orida street address
<u> </u>		
(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 08/02/2021 and ass Florida document number L21000346997  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 "L.C" or the abbreviation "L. Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	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.

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>	Address	Type of Action
AMBR	Cheryl Stewart	3294 Mariana Oaks Dr	<b>=</b> Add
		Tallahassee, FL 32311	
		·	☐ Remove
			☐ Change
	· <del></del>		D Add
	•		□ Remove
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(If an effect Note: If	e date, if other than the date of filing:	207 (3) as the
the reco ) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 00th day after the record is filled.	of:
Dated _	Signature of a member or authorized representative of a member	
	Dobart I. Steuget	
	Robert L. Stewart  Typed or printed name of signec	

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