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COVER LETTER

TO:

	egistration Sec ivision of Cor _i					
	FEDERATED TACTICAL SECURITY SERVICES LLC					
SUBJECT	:	Name of Limited Liability Company				
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		STEEVE ALTIDOR				
			Name of Person			
			Firm/Company			
		ATED TACTICAL SECURITY SERVICES LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: STEEVE ALTIDOR Name of Person Firm/Company 9050 PINES BLVD STE 385 Address PEMBROKE PINES, FL 33024 City/State and Zip Code ALTIDORSTEEVE@GMAIL.COM E-mail address: (to be used for future annual report notification) on concerning this matter, please call: 1754 1814 Area Code 1754 Area Code Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (sadditional copy is enclosed) Deess: Street Address: Street Address: Street Address: Registration Section Division of Corporations				
		PEMBROKE PINES, FL 3				
		ALTIDORSTEEVE@GMA				
		=		stification)		
For further	information c	oncerning this matter, please ca	all:			
STEEVE A	ALTIDOR					
	Name o	f Person		me Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
	Tailing Addres			ection		
Ε	Division of C	Corporations	Division of Co	orporations		
	.O. Box 632 allahassee d					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	 _
The Articles of Organization for this Limited Lia	ability Company	were filed on $\frac{09/30/20}{}$	21	and assigned
Florida document number 1.21000430729	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
FEDERAL TACTICAL SECURITY SERVICES L.				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	9050 PINES BLVD S	TE 385		
(Principal office address MUST BE A STREET		PEMBROKE PINES.	FL 33024	55. 55
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		address on our record	ls, <u>enter the</u> nan	ne of the new registere
Name of New Registered Agent:				
New Registered Office Address:	9050 PINES BI	LVDSTE 385		
		Enter Florida sti	reet address	
	PEMBROKE P	PINES	, Florida <u>3</u> .	3024
		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 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>	<u>Address</u>	Type of Action
			Remove
			□Change
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Effective date, if other than the office office office office of the date inserted in this blood document's effective date on the Department of the date of the Department of the office	be specific and cannot be pri ck does not meet the appl	or to date of filing or mor	(optiona te than 90 days after filin requirements, this dat	g.) Pursuant to 605.	0207 (3) ed as the
he record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
Dated	4		t a manhar		
	signature of a member or au	monzea representative o	я а тепосі		
STEEVE ALTIDOR		nted name of signee			

Filing Fee: \$25.00