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COVER LETTER

	gistration Secti Ision of Corpo				
elen lezer.	B6 Security &	: Investigations, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	l Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	ence concerning this matter t	to the following:		
		Donna Smith			
			Name of Person		
		B6 Security & Investigation	ns, LLC		
			Firm/Company	 	
		250 International Parkway	Ste 134-13		
			Address		
		Heathrow, FL 32746			
			City/State and Zip Code		
		donna@b6security.com	o be used for future annual r	was notification.	
For further is	formation con	eerning this matter, please ca		ерон пописанов)	
		- ,			
Donna Smitl			407 986 at () Area Code	-4810	
	Name of Po	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
☐ \$25.00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: In amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending address address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Suite 365 Sanford, FL 32771 In amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address addres	ARTICLES OF	AMENDMENT	
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rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	isions of all statutes relative to the proper and complete	ze 10 aci in inis capacity performance of my duti	'. I juriner agree to comply wi as, and I am familiar with an
ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum	pt the obligations of my position as registered agent as p	provided for in Chapter	605, F.S. Or, if this document
eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability Ompany has been notified in writing of this change.	g filed to merely reflect a change in the registered office	address, I hereby confir	m that the limited liability

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	Ronca Consulting	21590 NE 135TH LN	□Add
		FORT McCOY	■Remove
		FL 32134	
			□ Add
			□Remove
			Change
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ective date, if other than the effective date is listed, the date in	e date of filing:	·		(optional)	
i effective date is listed, the date in te: If the date inserted in this	ust be specific and cannot block does not meet th	t be prior to date of e applicable stati	filing or more than 90 Mory filing requirer) days after filing.) P ments -this date wi	ursuant to 605,0207 Il not be listed as
cument's effective date on the	Department of State's	records.			The state of the s
cord specifies a delayed effect s filed.	ive date, but not an eff	ective time, at 12	2:01 a.m. on the ear	lier of: (b) The	Oth day after the
s med.					
ed 26 May	202	1			
ea					
	4				
Donna Suis	Signature of a member	or authorized rep	resentative of a memb	er	

Filing Fee: \$25.00