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COVER LETTER

O: Registration Section Division of Corporations	
JBJECT: Security Alliance LLC Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Greg Murphy Security Alliance, LLC Firm/Company	
8323 NW12th ST. #218	
DOROL, FL 33126 Gregn & Security alliance Group. Com J. E-mail address: (to be used for future annual report notification).	
or further information concerning this matter, please call:	
Gred Murphy at (305) 670-6544 Area Code Daytime Telephone Number	
nelosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address: Pagistration Society Pagistration Society	

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

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Security Alliance, LLC			
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 10200014.775	06/13/2002	ınd assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	ere:		
			
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrevia	tion "L.L	"C."
Enter new principal offices address, if applicable:	<u>→</u>	~	
(Principal office address MUST BE A STREET ADDRESS)		023	
		:	
	٠,٠	ر ,	h
Enter new mailing address, if applicable:	<u></u>	_ <u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> ;	<u>53</u>	\overline{C}
	<u>-</u> ~	_ _	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, <u>enter the name of t</u>	he new	registered
Name of New Registered Agent:			
New Registered Office Address: Enter Flo	vida street address		
	Florido		
City	, Florida	n Carlo	

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 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

Type of Action Address <u>Title</u> Name David Ramirez 7700 N. Kendall Drive DAdd #306 Miami, FL 3.3156 (to Remove □ Change MGR William A. Murphy 8323 NW 12th ST. Suite 218 Doral, FL 33126 □Add Remove Change Remove Change \square Add Remove Change

								
								
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T: 66		r than the date o	e ciliman			,	optional)	
If an effect Note: 1	ctive date is listed, f the date insert	the date must be speed in this block does to on the Department	cific and canres not meet	the applicab.	date of filing or n le statutory filin	ore than 90 days	after filing.) Pu	rsuant to 605.020° I not be listed as
e record and is file		yed effective date,	bui not an c	effective time	e, at 12:01 a.m.	on the earlier o	of: (b) The 9	Oth day after the
Dated _	Jan	Jary 10	<u> </u>	2023				
		Signatu	ire of a memi	M. t.	Alegaristive	of a member		

Filing Fee: \$25.00