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COVER LETTER

l'O: Registration Section Division of Corporations	
SUBJECT: Eite Potchive Services, LC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jordanna Wynn Name of Person	
Elite Protective Services Firm/Company	
3001 Alona Ave	
Winter Park FL 32792 City/State and Zip Code	
E-mail address: (to be used for fitture annual report notification)	
For further information concerning this matter, please call:	
Jordanna Wynn at (407) 452-2588 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Elite Protective Si	ernies	LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now : led Liability Com	appears on pany)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LO 8000 3,3538</u> .	iny were filed o	on <u>04</u>	02 2008	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability compa	ny here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company,	" the design	ation "LLC" or th	ne abbreviation "L.L.C."
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)				21/21 OCT 28
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on	our recor	ds, <u>enter the r</u>	name of the new registe
Name of New Registered Agent:		·		
New Registered Office Address:	Ent	ter Florida s	treet address	
			Florida	l Zip Code
New Registered Agent's Signature, if changing Registered Age	City:			лір Соае
ten Registeren Agent 5 Signature, il enanging Registeren Age				

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
MOR	Jeffrey T. Mynn	3001 Aloma Ave	
		Winter Park, R. 32792	⊠Remove
			□Change
<u>S</u>	Paul Wynn	3001 Aloma Ave	□Add
		Winter Park, Fl. 32-792	□Remove
			(DChange
			□ Add Remove
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record spe is filed.	ecifies a delayed effec						i day after the
ated	October	25 dawn Signature of a state of	2021				
	/ \						
		Signature of a	mber or autho	orized representati	ve of a member		