(F	Requestor's Name)	
(<i>f</i>	Address)	<u>.</u>
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(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(0	Document Number)	
Certified Copies	Certificates	s of Status
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G. MCLEOD

JUN - 3 2009

EXAMINER



100155655741

05/11/03---01017---020 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SECURO PROFESSIONAL GROUP L.L.C. (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:
MARCIA BRANT (Name of Person)
STOURO PROFESSIONAL TOROUP (Firm/Company)
3050 N.R. 16 H AVE # 204
FORT LANDER OF ALS FL. 33334 (City/State and Lip Code)
For further information concerning this matter, please call: FIFR Siano MARCIA, BRANOT at (954) 565. 9320 (Area Code & Daytime Telephone Number)
(Mea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



09 JUN -2 PM 2: 14

SECURO PROFESSIONAL GROUP L.L.C.
(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 April 20/2009 and assigned Florida document number
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
(Enter Florida street address)
, Florida
(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Type of Action MARCIA. F. BRAND ____Add Remove Add Remove ☐ Add Remove ___ Add ☐ Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Way 8th 2019 Signature of a m Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00