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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	CENTURION SECU	JRITY GROUP, LLQ	(
	Name of Lim	ited Liability Company •				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
	RICHARD RODRIGUEZ					
		Name of Person				
	CENTURION SECURITY	GROUP, LLC				
Firm/Company						
	13000 SW 120TH STREET	ŗ				
		Address				
	MIAMI , FL 33186					
		City/State and Zip Code				
	EHEFLIN@CENTURIONS					
		be used for future annual report not	fication)			
For further information of	concerning this matter, please ca	II:				
EDWARD A. HEFLIN-	EL	305 975-5585				
Name o	of Person		e Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTURION SECURITY	GROUP, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our recor- Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and accioned
Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
		7.5
inter new mailing address, if applicable:	N/A	نسه د <u>د</u>
Mailing address MAY BE A POST OFFICE BOX)		100
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter i</u>	the name of the new register
ent una of the new registered office address here:		, 0
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
	Enter Florida street address	
		rida
	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>	Name	Address		Type of Action
AMBR	RICHARD RODRIGUEZ	8373 SW 158TH AVENUE		≡ ∆dd
		MIAMI, FL 33193		□Remove
				□Change
				□Add
				□Remove
				DChange
			_ _	🗀 Add
				Remove
				CPChange
				一员Add
			- ,	_ □Remove
				_ 🗆 Change
				_ 🗆 Add
				_ 🗆 Remove
				_ 🗆 Change
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fective date, if other than the effective date is listed, the date in this cument's effective date on the	ust be specific and o block does not m	cannot be prio	r to date of fili	ng or more than ry filing requi	(option 90 days after rements, this		rsuant to 605.02 I not be listed
ecord specifies a delayed effect s filed.	ve date, but not a	in effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90	Ith day after th
edJULY 16		2021	·				
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