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COVER LETTER

D: Registration Section Division of Corporations

Special (Operations Protection &Investiga	tion LLC			
	Name of Lin	nited Liability Company			
e enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
ease return all corre	spondence concerning this matter	to the following:			
	Eric K. Osman				
		Name of Person			
	Special Operations Protect	tion & Investigation LLC			
		Firm/Company	· · · ·		
	4500 NW 12th Terrace			202	
		Address		3 AU	<u>.</u>
	Fort Lauderdale, FL 33309)		2023 AUG 29	renerate renerate
	Specopspille@gmail.com	City/State and Zip Code		: SI H.J.	
	E-mail address: (to be used for future annual report notific	ration)	.5	محدده .
r further information	n concerning this matter, please co	all:		14 -7	
ic Osman		954 383-9859			
Name	e of Person		Telephone Number		
closed is a check for	the following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addi Registration Division of P.O. Box 61 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	orations Hahassee Street, Suite 810	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Special Operations Protection & Investigation LLC				
(<u>Name of the Limited Lighility Compa</u> (A Florida Limited L	y as it now appears on our lability Company)	records.)		
	and assigned			
is amendment is submitted to amend the following:				
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered				
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."		
ter new principal offices address, if applicable:	(Name of the Limited Liability Company as it now appears on our records.) (A Florda Limited Liability Company) s of Organization for this Limited Liability Company were filed on 3/17/2011			
incipal office address MUST BE A STREET ADDRESS)		A I		
	<u></u>	No.		
		<u> </u>		
ter new mailing address, if applicable:				
ailing address MAY BE A POST OFFICE BOX)		i, i,		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records,	enter the name of the new registere		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zip Code		
w Registered Agent's Signature, if changing Registered Agent:				
	performance of my duti rovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
IGRM	Stephen L. Cohen	4500 NW 12th Terrace	
		Fort Lauderdale, FL 33309	≣Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
		.	☐ Change
 -			□Ađd
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ffec	date, if other than the date of filing:	020 d a
ord file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
8 d_	24/2023	
	I	
	Signature of a member or authorized representative of a member	