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DIVISION OF COMPONATIONS

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COVER LETTER

SUBJECT:	COMMERCIAL SI	ECURITY SOLUTIONS, LLC.	
	Name of Lin	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		LESTER BARATA	
		Name of Person	
		Firm/Company	
		P.O. BOX 830991	
		Address	
		MIAMI, FLORIDA, 33283	
		City/State and Zip Code	
		info@stdsecurityco.com	
	E-mail address: (to be used for future annual report i	otification)
For further information c	concerning this matter, please c	all:	
LESTER	BARATA	786	975-37(H)
Name c	d Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section **Division of Corporations**

> 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

COMMERCIAL SECUE	RITY SOLUTIONS.	LLC.	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	03/04/2013	and assigned
Florida document numberL13000032146			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company her	<u>·e</u> :	9.4
STANDARD SECURITY			T JUN TI
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the a	hbreviation "LT2"
Enter new principal offices address, if applicable:			PH III
(Principal office address MUST BE A STREET ADDRESS)			
		····	<u> </u>
			v
Enter new mailing address, if applicable:	P.O. BOX 83099	·1	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORII	DA, 33283	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the new
	<u>-</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
The Windstead Office Made 32.	Enter Flori	la 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 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		☐ Remove	
			□ Change
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		OLUSION OF COMPONITIONS	
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. Effective	date, if other than the date of fili	ling: (optional)	
(If an effective Notes 10)	ve date is listed, the date must be specific a	ling:	idk)
	he date inserted in this block does no 's effective date on the Department o		ic .
	d specifies a delayed effective Oth day after the record is filed	e date, but not an effective time, at 12:01 a.m. on the earlier of: ed.	
Dated	THURSDAY, JUNE 15	2017	
TAILEG			
	Signature of	f a member or authorized representative of a member	
		LESTER BARATA	
		Typed or printed name of siance	

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Filing Fee: \$25.00