# L13000044070

(F	Requestor's Name)
(F	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



800298526808

05/01/17--01017--013 \*\*25.00



MAY 0 , 2025

J SHIVERS

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
Brian Sı SUBJECT:	nith Consulting, LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Brian Smith		
		Name of Person	
	Brian Smith Consulting		
	<del></del>	Firm/Company	<del></del>
	151 N Nob Hill Rd, Ste 28	37	
		Address	<del></del>
	Plantation, FL 33324		
	<u> </u>	City/State and Zip Code	
	bsmith65a@gmail.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	all:	
Brian Smith		786 348-4838	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r the 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 (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

Brian Smith Consulting, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our reco lability Company)	ords.)
ne Articles of Organization for this Limited Liability Company	were filed on 03/25/2013	and assigned
orida document number L13000044070		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
ber Security Safeguards, LLC		
new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		www.s.
incipal office address MUST BE A STREET ADDRESS)	<del></del>	
uncipal office dutaless most BE A STREET ADDRESS)		
		Section 1
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		The state of the s
		2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
t	***************************************	
If amending the registered agent and/or registered of istered agent and/or the new registered office address here	fice address on our recor :	ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	,,,,,,,	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 =	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	Name	Address	Type of Action
			Add
		<del></del>	□ Remove
			☐ Change
	<u> </u>		Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			☐ Add
		<u></u>	Remove
			Change
			□ Add
			□ Remove
			<b>m</b> ol

		_
		-
	······································	_
	······································	_
		_
		_
-	· · · · · · · · · · · · · · · · · · ·	_
		-
		_
		_
		;
	- <del> </del>	_
	(A)	- Ş
		- řŦ
	(O) 37 37 37 37 37 37 37 37 37 37 37 37 37	H. Line
	<b>7</b>	
		_
		-
Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 60	
document's effective date on the Department of State's records.	y ming requirements, this date will not be its	acu as
ne record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earl	ier o
Dated April, 27		
7		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00