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ALLAHASSEE, FI ORIGA

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COVER LETTER

10.		sion of Cor					
CUDI	ECT.		SECURITY CONSULTING L	LC			
SUDJ	ECT:		Name of Lim	nited Liability Company			
The er	nclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return	all correspo	ndence concerning this matter	to the following:			
			SEAN R PALMISANO				
				Name of Person		-	
				Firm/Company		-	
23 109 AQUA VIEW DR #4							
				Address		-	
	BOCA RATON, FL 33433				فسند		
	City/State and Zip Code SP@TEAMVIGILANCE.COM			SECRE	2015 DEC	71	
For fu	rther in	formation co	E-mail address: (to be used for future annual report no all:	SET O		<u>ш</u> ,
SEAN	N PALN	MISANO		786 626-8675	. ELOR	2	
		Name of	f Person		me Telephone Numibe		
Enclo	sed is a	check for th	ne following amount:				
\$ \$2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fi Certifica Certified (additional	ite of Sta I Copy	atus &

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

TO ARTICLES OF ORGANIZATION OF

TRIDENT SECURITY CONSULTING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 09/02/2015 The Articles of Organization for this Limited Liability Company were filed on and assigned L15000150939 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: VIGILANCE LLC The new name must be distinguishable and contain 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to da lote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	te of filing or more than 90 days a	otional) fter filing.) F this date w	Pursuant to 6 ill not be li	05.0207 sted as
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:0:	l a.m. or	n the ear	lier o
DECEMBER 14TH 2015				
Signature of a member of authorized	representative of a member			
SEAN R PALMI	SANO			
Typed or printed nar	ne of signee			

Page 3 of 3

Filing Fee: \$25.00