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(Re	equestor's Name)	
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COVER LETTER

	of Corporations
GU SUBJECT:	ARDIAN PROFESSIONAL SECURITY GUARDS, LLC
3013ECT	Name of Limited Liability Company
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.
Please return all	orrespondence concerning this matter to the following:
	STEVEN MATA
	Name of Person
	GUARDIAN PROFESSIONAL SECURITY GUARDS, LLC
	Firm/Company
	8201 PETERS ROAD SUITE 1000
	Address
	PLANTATION, FL 33324
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
PATRICIA MA	(
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	k for the following amount:
□ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	-1 Gushibi
The Articles of Organization for this Limited Liability C	Company were filed on	121315	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	iited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	 	</th <th>20</th>	20
(Principal office address MUST BE A STREET ADD	RESS)	TA TA	19
Enter new mailing address, if applicable:		15 SVI	P 25 PM
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
inditing undress graff bl. A FOST OFFICE BOXY		1	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City	<u> </u>	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	STEVEN MATA	8201 PETERS ROAD SUITE 1000 - PLANTATION, FL 33324	
			□ Remove
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Effective date, if other than t	he date of filing	3:	, desi	(option	al)
f an effective date is listed, the date in Note: If the date inserted in this	nust be specific and block does not n	cannot be prior to seet the applicab	date of filing or mo de statutory filing	re than 90 days after fil requirements, this d	ling.) Pursuant to 605.0207 (late will not be listed as t
document's effective date on the					
ne record specifies a delay The 90th day after the r		late, but not	an effective ti	me, at 12:01 a.r	m. on the earlier of
MAY 27TH		2019			
Dated	,	·	. '		
	C: 5		zed representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00