L1000001432

<u>-</u>	
(Requestor's Name)
	Address)
	· · · · · · · · · · · · · · · · · · ·
(.	Address)
- (1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	P
(Business Entity Name)
(1	Document Number)
Centified Copies	Certificates of Status
	
	·
Special Instructions to F	iling Officer:
•	J. HORNE
	DEC 2 2 2022
ı	DEC 2 2 2022
i	
	

Office Use Only



50039833756£

2022 DEC 22 PH 1: 14

27 (7) (7) (15) (7) (8) (8) (4) (4) (25) (6)

2022 DEC 22 PM 1:03

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	WA Investiga Name of Emile	tion Services LLC ed Liability Company	•
The enclosed Articles of a	Amendment and fee(s) are subn	ntted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	William	n Auexande-	
	TWA Investig	Atmand Security S	Services LLC
		EY Drive Suitel	
	Tamp	A Frozicia 33 City/State and Zip Code	602
	will @ tw	OAISS. NET	ification)
For further information c	oncerning this matter, please ca	ill:	
William Name o	Huexande	at (8/3) 7/1	p-0123 me Telephone Number
Enclosed is a check for the	he following amount:		
\$\forall \text{i \$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 Addre	ss:	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 DEC 22 PM 1: 14

ability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 3-28-2016 and assigned Florida document number L 160000 61432 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 100 S. ASHLEY Drive 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

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 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 Type of Action <u>Address</u> <u>Name</u> Title _______ □Remove ☐ Change _____ Remove _____ Change ______ □ Remove ______ Change _____ □Add _____ □Remove _____ Change _____ □Add ______ □Remove

fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN # 1'S 92-134 US 27
•	<u>C 210 13 12 10 43 01 1</u>
•	
Note	tive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	12-22-2022
	W)
	Signature of a member of authorized representative of a member
	William thexander

Filing Fee: \$25.00