L16000151963

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

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Name and Address Amendment Requests for L21000341943 and L16000151963

Please find below a request to change the name of two business entities and a second request to correct the physical and mailing address of Florida Patrol Services LLC.

Florida Litter Patrol LLC

L21000341943

Name change request to Environmental Security Agency LLC

Mailing and physical address correction to 801 West Bay Dr 461 Largo FL 33770

Florida Patrol Services LLC

L16000151963

Name change request to Florida Patrol Initiative LLC

Mailing and physical address from 801 West Bay Dr Ste 463 Largo FL 33770

Mailing and physical address to 801 West Bay Dr 463 Largo FL 33770

Please note that I am authorized to submit these requests on behalf of both entities. Please contact me with any questions you have regarding these requests.

Regards,

George Greggo

Phone

(727) 478-4784

Email

George@7274784784.com

COVER LETTER

TO: Registration ! Division of C			
	A PATROL SERVICES LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GEORGE GREGGO		
		Name of Person	 _
	FLORIDA PATROL SER	VICES LLC	
		Firm/Company	
	801 WEST BAY DR 463		
		Address	
	LARGO FL 33770		
		City/State and Zip Code	
	GEORGE@7274784784.C		= = = = = = = = = = = = = = = = = = = =
	E-mail address: (to be used for future annual report noti	fication) (5
For further information	concerning this matter, please c	all:	
GEORGE GREGGO		727 478-4784 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	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 tadditional copy is enclosed
Mailing Addr		Street Address:	artica.
Registratior Division of	r Section Corporations	Registration Sec Division of Cor	
P.O. Box 63	•	The Centre of T	•
Tallahaeeee	FL 32314	2415 N. Moores	a Stroot Suita 210

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp: (A Florida Limited	nny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000151963}{1.16000151963}$	were filed on 08/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FLORIDA PATROL INITIATIVE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LE	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 WEST BAY DR	
(Principal office address MUST BE A STREET ADDRESS)	463	
	LARGO FL 33770	
Enter new mailing address, if applicable:	801 WEST BAY DR	
(Mailing address MAY BE A POST OFFICE BOX)	463	
	LARGO FL 33770	
B. If amending the registered agent and/or registered office	address on our records, <u>ente</u>	er the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess.
		Florida
	City	Zıp 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 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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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			□Add
			□Remove
			□Change
			□Add
			□ Chusus

PHYSICAL ADDRESS AND	BUSINESS MAILING ADDRES	S AS FOLLOWS	
FROM			
801 WEST BAY DR STE 463	LARGO FL 33770		
ТО			
801 WEST BAY DR 463 LAF	RGO FL 33770		
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etive date, if other than the effective date is listed, the date must of the date inserted in this blooment's effective date on the De	date of filing:	(option of filing or more than 90 days after fatutory filing requirements, this	nal) iling.) Pursuant to 60 date will not be lis
ord specifies a delayed effective filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day aft
	2022		
d TUE_FEB 08			

Typed or printed name of signee