# L16000 178482

| (Requestor's Name)                      |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
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| (Document Number)                       |  |  |
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| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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SECRETARY OF SIAIN SECRETARY OF SIAIN SECRETARY OF SIAIN SECRETARY OF SIAIN SEC. 27 AM 8: 13

## **COVER LETTER**

### TC► Registration Section Division of Corporations

| Sentry Ser SUBJECT:             | vice LLC                                  | ć   | •   |
|---------------------------------|---|---|---|
| •                               | Name of Lim                               | ited Liability Company  | ;<br>•  |
| The enclosed Articles of        | Amendment and fee(s) are sub-             | mitted for filing.  |   |
| Please return all correspondent | ondence concerning this matter            | to the following:   |   |
|                                 | Jeffrey L Bairstow                        |   |   |
|                                 |   | Name of Person  |   |
|                                 | Sentry Service LLC                        |   |   |
|                                 |   | Firm/Company  | <del></del>   |
|                                 | 217 SE 1st Avenue, Suite 2                | 200-25  |   |
|                                 |   | Address   |   |
|                                 | Ocala, FL 34471                           |   |   |
|                                 |   | City/State and Zip Code   | <del></del>   |
|                                 | Jeff@sentryservicellc.com                 | o be used for future annual report notif                            | ication)  |
| For further information of      | concerning this matter, please ca         |   | Cationy   |
| Jeffrey Bairstow                | , p                                       | 352 615-6631  |   |
| Name o                          | f Person                                  | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for the     | ne following amount:                      |   |   |
| ■ \$25.00 Filing Fee            | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

Mailing Address:

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

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

| Sentry Service LLC   |   |
|--|---|
| ( <u>Name of the Limite</u> (  | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Lia Florida document number L16000178482   | ability Company were filed on 16097237 9/23/16 and assigned                                 |
| This amendment is submitted to amend the follow  | wing:   |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 1609,237 9/23 16 and assigned florida document number L16000178482  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Center new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  STG. 200-25  CCRCA, FC. 3447(  Center 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 gent and/or the new registered office address here:  Name of New Registered Agent: |   |
| The new name must be distinguishable and contain the wo  |   |
| Enter new principal offices address, if applica  | ble: 217 SE IST AVE,  |
| (Principal office address MUST BE A STREET   | (ADDRESS) ST5. 200-25   |
|  | OCALA, FL. 34471  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE B   | <u></u>   |
|  |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | 217 SE 1 <sup>ST</sup> AVE, STE 200-25  Enter Florida street address  OCALA, Florida 34471  |
|  | OCALA , Florida 34471 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>    | Address                   | Type of Action |
|--------------|----------------|---------------------------|----------------|
| C00          | Matthew D Sams | 217 SE 1Ave, Suite 200-22 | □Add           |
|              |                | Ocala, FL 34471           | ■Remove        |
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| II amending any other informat  | tion, enter change(s) here: (Attach additional sheets, if necessary.)  |  |
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| Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De | at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuock does not meet the applicable statutory filing requirements, this date will n | iant to 605.0207 (<br>not be listed as t |
| e record specifies a delayed effective<br>d is filed.   | e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th   | day after the                            |
| October 2 <b>24</b>   | , 2022   |  |
|   | 0111   |  |
|   | Signature of a member or authorized representative of a member   |  |
| Jeffrey L Bairstow  |  |  |
| Joiney E Dansion  | Typed or printed name of signee  |  |