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COVER LETTER

	Registration Sec Division of Corp		.,•	
cuning	AJK SECU	RITY SERVICES LLC		•
SUBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		JAMES K AUGUSTIN		
			Name of Person	
			Firm-Company	
		2127 1121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		3325 HOLLYWOOD BLV		
			Address	
		HOLLYWOOD FL 33021		
		JAMESKAUGUSTIN@GN	City/State and Zip Code IAIL.COM	
			to be used for future annual report noti	fication)
For furth	er information ec	oncerning this matter, please ca	all:	
JAMES	AUGUSTIN		786 6260225	
<u> </u>	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	e following amount:		
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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

AJK SECURITY SERVICES, LLC

2022 SEP 19 All 8: 09

(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 10/03/2016 Florida document number $\frac{L16000185149}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AJK LUXURY PROPERTIES 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

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,

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
			□Remove
			
			□Remove
			\(\sum_\)Change
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(If an effecti Note: If t	date, if other than the ve date is listed, the date must the date inserted in this blob's effective date on the De	be specific and cannot be ick does not meet the a	pplicable statutory fili	(optional) more than 90 days after filing ng requirements, this date	z.) Pursuant to 605.0207
he record spord is filed.	pecifies a delayed effective	date, but not an effect	ive time, at 12:01 a.m	, on the earlier of: (b) T	he 90th day after the
Dated SE	PTEMBER 9TH	2022			
Dated					
		Signature of a member or	authorized tenresentation	re of a member	

Typed or printed name of signee