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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARKSMAN SECURITY Enterprises LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eddie Clavence Williams, III Name of Person
MANUSMAN SECUTIFY ENTERPRISES LLC Firm/Company
821 NW 54 STreet Address
MIAMI FL 33127 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eddie C. Williams III at (716) 539 637 L Name of Person Area Code Daytime Telephone Number
Enclosed is a check 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) □ \$25.00 Filing Fee & □ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANISMAN SECURITY ENTERP	rises Llc				
MANUSMAN SECUT: TY ENTER P (Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>5.</u>)			
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on <u>JANVALY</u>	7. 2017 and assenced TILED			
The new name must be distinguishable and contain the words. Estimed 13a					
Enter new principal offices address, if applicable:	1490 NW 3rd AVENUE SULE 106				
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33136				
	OBRC	·· <u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2101 NW 310 AVE MIAMI FL 3512				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:					
	, Fle	Orida Zip Code			
		ги соце			

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
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<u>)te: </u>	re date, if other than entire date is listed, the date of the date inserted in the ont's effective date on the	is block does	not meet th	ne applicab	date of filing le statutory	or more than ! filing require	(option of the contract of the	nal) filing.) Pursua date will no	ant to 605,0207 It be listed as
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Filing Fee: \$25.00