## 117000/16985

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

	Safeway Se	ecurity Services				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Maylenis Valcarcel				
			Name of Person			
		Safeway Security Services				
	Firm/Company					
	2328 10th Ave N. Suite 501-F					
		<del></del>	Address			
		Lake Worth, FL 33461				
			City/State and Zip Code			
		mvalcarcel@safewaysecurityservices.com				
		E-mail address: (	to be used for future annual report notifi	cation)		
For further in	nformation c	oncerning this matter, please ca	all:			
Maylenis Va	alcarcel		561 557-6830			
Name of Person			at () Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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		
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Safeway Security Services		
( <u>Name of the Limited Liability Comp</u> (A Fiorida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000016985}{L17000016985}$ .	y were filed on January 23, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		<b>8</b> II
		AH
		AHASSE
Enter new mailing address, if applicable:		) P
Mailing address MAY BE A POST OFFICE BOX)	······································	
Willing address WAT BE A FOST OFFICE BOX)		7: LORI
	-	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph Valcarcel	2328 10th Ave N. Suite 501-F	<b>■</b> Add
		Lake Worth, FL 33461	□ Remove
			Change
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		01/01/2018				
Effective date, if other than the (If an effective date is listed, the date must	date of filing	<u>:</u>	date of filing or m	(Op	tional) er filing ) Pursuan	t to 605.00
Note: If the date inserted in this blo	ek does not m	eet the applical	ole statutory filing	g requirements, th	is date will not	be listed
document's effective date on the De	partment of St	ate's records.				
she record execition a delayed	officetive :		an affective t	ima at 12:01	am enthe	oorlio:
the record specifies a delayed The 90th day after the reco		ate, put not	an enecave t	ime, at 12:01	a.m. on the	earner
Dated February 15th	·	2018	<del>-</del> '			
	<u> </u>		<del>)</del>			
				$\geq$		

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Typed or printed name of signee

Filing Fee: \$25.00