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COVER LETTER

TO: Registration So Division of Cor			
MARC SE	CURITY SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Name of Line	nted thating Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEAN MARC JOSEPH		
	MA DZI WZW DOZWY CESNY	Name of Person	
	MARC SECURITY SERV	ICES LLC	
		Firm/Company	
	5118 NOTH 56TH STREE	ET SUITE 122	
		Address	
	TAMPA FL 33610		
	INFO@MARCSS.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
JEAN MARC JOSEPH		813 406-1922	
	en.	at ()	ne Telephone Number
Name o	f Person	Area Code Daytin	ie Felephone Number
Enclosed is a check for the	he 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 (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Complexities and Liability Complexities $\frac{1.17000080823}{2}$.	pany were filed on 04/11/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
		703
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		; ;
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	<i></i>
		ి. 11 ట
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered offgent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		.,
-	, Flor	ida 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 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>	<u>Address</u>	Type of Action
AP	YVENSON AUBOURG	4101 MENDOTA AVE	
			□Add
		SPRING HILL FL 34606	
			■ Remove
			70
			Change
			□Add
		-	
			□Remove
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ve date, if other than the d	ate of filing:	(0	ptional)
ctive date is listed, the date must be the date in this block.	he specific and cannot be prior to a ok does not meet the applicable	date of filing or more than 90 days a le statutory filing requirements.	ifter filing.) Pursuant to 60: this date will not be list
ent's effective date on the Dep	partment of State's records.	, 5	
	date, but not an effective time	, at 12:01 a.m. on the earlier of	(b) The 90th day afto
ed.			
IUNE 15	2023		
	·		
- 101	ignature of a member or authorize		