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COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE		ity Services, LLC.	•	
SUBJE	СТ:		ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		Peter L Bonneau CPA		
			Name of Person	 -
		Bonneau Accounting Servi	ces Inc	
			Firm/Company	<u> </u>
		1015 W Indiantown Road S	Suite 202	
			Address	
		Jupiter Florida 33458		
			City/State and Zip Code	
		janet@bonneaucpa.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	ill:	
Peter L	Bonneau CPA		at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scout Security Services LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	1 on and assigned
Florida document number L17000101515	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y." 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)	!
	- 7
	S. S.
B. If amending the registered agent and/or registered office add	ress on our records, enter the name of the n
registered agent and/or the new registered office address here:	
	9. 8. C
Name of New Registered Agent:	
New Devicement Office Address	₹
New Registered Office Address:	inter Florida street address
	. Florida
City	, Florida 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>	<u>Address</u>	Type of Action
MGR	Lisa Kaplan	167 Magnolia Way	Add
		Tequesta Florida 33469	□ Remove
			Change
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Effectiv	e date, if other than the date of filing:	(optional)	
f an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or mo	re than 90 days after filing.) Pursuant to 605	.0207
	f the date inserted in this block does not meet the applicable statutory filing nt's effective date on the Department of State's records.	requirements, this date will not be list	ed as
ocum.	in a creeding date on the 12cpartment of vide a records.		
		me at 12.01 am an the cardi	مد م
	ord specifies a delayed effective date, but not an effective til 90th day after the record is filed.	ine, at 12.01 a.m. on the eam	ei Ui
	sour day area are record is ince		
	September 18 2017		
Dated _			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00