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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Sarles In	vestments, LLC ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	idence concerning this matter to	the following:	
	Andre	A B Person	
	Br	eglio Law Office Firm Company	
	32	W 200 South #	307
		SLC, Utah 84101 City/State and Zip Code	
	E-mail address: (to	arles 13@gmai	cation)
For further information ec	oncerning this matter, please cal		
Andrea B	Person Person	at ( <u>&amp;)</u> <u>560 é</u> Area Code Daytime	7180 Telephone Number
Enclosed is a check for th	e 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:

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

Sarles Inve	stments, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records) hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 7/10/17	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
TCB Security	LLC		
The new name must be distinguishable and contain the words "Limited Liabi		•	•
Enter new principal offices address, if applicable:	3515 Somerset	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u>Kissimmee</u> F	<u>- L</u>	
		34746	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o	· · · · · · · · · · · · · · · · · · ·	201	the new
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ir the name of	the new
registered agent units of the new registered office agent door	<del>-</del> -	JUN 2	7
Name of New Registered Agent:		8	! -
<del></del>	· · · · · · · · · · · · · · · · · · ·		1 +
New Registered Office Address:	Enter Florida street address	77 O	<u> </u>
	, Florida	` ~	
	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, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			□ Change
			Remove
			Change
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