617 LCC 171547

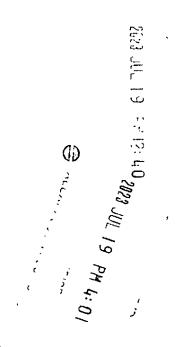
	(Requestor's Name)	
	(Address)	
	(Address)	
	(
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	(Document Namber)	
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	
·	•	ł
		l

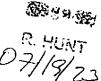
Office Use Only



100412518011

07/20/23--01001--006 **25.00





COVER LETTER

TO: Registration Division of C			
COMME SUBJECT:	RCIAL COMMUNICATIONS	& SECURITY INTEGRATORS,	LLC
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
	pondence concerning this matte	-	
	EKATERINA KISSELE	VA.	
ļ		Name of Person	
	EGK SOLUTIONS		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	7901 4TH STREET N ST	TE 325	
		Address	
	SAINT PETERSBURG F	L 33702	
		City/State and Zip Code	
	INFO@EGKSOLUTIONS	.COM (to be used for future annual report not)	
For further information	concerning this matter, please of	•	urcation)
EKATERINA KISSEL		727 214 2848 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for t	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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMMERCIAL COMMUNICATIONS & SECURITY INTEGRATORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

his amendment is submitted to amend the fold the fold in the submitted to amend the submitted to a submitted the submitted to a submitted the submitted to a submitted the s	•	ility company here:	
e new name must be distinguishable and contain the	words "Limited Liab	lity Company "the designation "LLC" or	he abbrevieries W. I. C. V
nter new principal offices address, if appli		5209 Palisade Ave Apt 2	ne abbreviation L.L.C.
rincipal office address MUST BE A STRE		West New York NJ 07093	2
			U.
ter new mailing address, if applicable:		611 S Ft Harrison Ave #519	<u> </u>
failing address MAY BE A POST OFFICE	BOX)	Clearwater FL 33756	7.
			\sim
If amending the registered agent and/or	registered office :	iddress on our records, enter the r	
If amending the registered agent and/or rent and/or the new registered office addressed. Name of New Registered Agent:	registered office of sistem of the sistem of		
Name of New Registered Agent:	EGK SOLUTIO	ONS LLC	
ent and of the new registered office addre	<u>ss pere</u> :	ONS LLC	
Name of New Registered Agent:	EGK SOLUTIO	ONS LLC STE 325 Enter Florida street address	name of the new registere
Name of New Registered Agent: New Registered Office Address:	EGK SOLUTION 7901 4TH ST N SAINT PETER	ONS LLC STE 325 Enter Florida street address	name of the new registere
Name of New Registered Agent:	EGK SOLUTION 7901 4TH ST N SAINT PETER Registered Agent:	ONS LLC STE 325 Enter Florida street address SBURG City	33702 Zip Code

R = N BR = A	lanager Authorized Member		
<u>e</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
_ _			
			□Remove
			Change
<u> </u>			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
_			□ Add
			□Remove

•	
-	
Effect If an eff <u>Note:</u> docum	fective date, if other than the date of filing:
recor d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	07/17/2023
Dated	<i>C</i> 2
Dated	CS
Dated .	Signature of a member or authorized representative of a member