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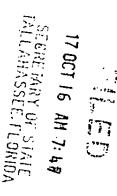
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Registration Section

P.O. Box 6327 Tallahassee. FL 32314

TO:

Division of Co	rporations	•	
SUBJECT: PUB	LIC SAFETY S	SUPPLY, LLC	
5005ECT		ited Liability 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:	
	Evelyn I. Su		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Suero Law,		
	1001 Daioleo	Firm/Company	- 2700
	TUUT Bricke	Il Bay Drive Suite	2700
	Miami Elari		
	Miami, Florid	City/State and Zip Code	
	esuero@suerolav		
	_	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Evelyn I. Suero		_{at} 305 396-8	772
Name o	of Person		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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUBLIC SAFETY SUPPLY, LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Collorida document number L17000173568	ompany were filed on August 14, 2017 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limit	ted liability company here:
he new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	LANGE CINE
New Registered Office Address:	Enter Florida street address
	Enter riorida street adaress
	City Q Zip ode
law Degistered Agent's Signature, if shanging Degistered	1 Agents

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alberto Espinosa	14601 SW 48 Street	
		Miami, FL 33175	Remove
AMBR	Alberto Espinosa	14601 SW 48 Street	Add
		Miami, FL 33175	□ Remove
			Add
			□ Remove
			□ Remove
			□ Add
			□ Remove
			Remove

D. If afficienting a	iny other unformation, enter cha	ange(s) nere. (Anden adamonal sneets, if necessary.)	
The e	effective date for the	filing of the Articles of Organization	
shall	be October 1, 2017	•	
			
tine effective date	, if other than the date of filing: must be specific, cannot be prior to date ment is filed by the Florida Department	of receipt of fried date and cannot be more than 90 days after	
Dated Octo	ober 10	2017	
_/	Cinha X Cuc	0	_
E	velyn I. Suero, Esq.	ember or authorized representative of a member	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE