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COVER LETTER

Division of Corporations	
SUBJECT: Security Enfor	Name of Limited Liability Company
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	Rickie L. Davis Name of Person
Secu	eity Entorcement Team (S.E.T.) of South Florida L. L.C. Firm/Company
500	South Federal Highway Suite #54
	Tallandale Beach, Florida 33009 City/State and Zip Code
	3400 4hoo, Com E-mail address: (to be used for luture annual report notification)
For further information concerning t	his matter, please call:
Rickie L. Day	(i.S. at (305) 450 – 1124 Area Code Daytime Telephone Number
Enclosed is a check for the following	amount;
Ø \$25.00 Filing Fee □ \$30.0 Cen	0 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, tificate of Status Certified Copy Certificate of Status &
MAILING ADD Registration Section	
Division of Corpor	
P.O. Box 6327 Tallahassee, FL 32	Clifton Building 2661 Executive Center Circle
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Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Decurity Entonement leam 15	E. 1) O+ South Florida. Li. L. C.
Decurity Enforcement leam (S. (Name of the Limited Liability Com (A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number 17700 199799.	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:
Security Enhancement Team (S. The new name myst be distinguishable and contain the words "Limited Like	E.T.) of South Florida L.L.C.
The new name mass be distinguishable and contain the words. Clinica the	
Enter new principal offices address, if applicable:	500 South Federal Highway
(Principal office address MUST\BE A STREET ADDRESS)	Suite #54 Hallandale Beach Florida 33009
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 South Federal Highway Suite #54 Hallandale Beach, Florida 33009
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	# 17 PEC
	S = 1
New Registered Office Address:	
	Enter Florida street address
	Florida 😅 – 💛
	City Eight
New Registered Agent's Signature, if changing Registered Ager	<u>iti</u>

New Registered Agent's Signature, it changing Registered 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

lf amendir or remove	ng Authorized Perso d from our records:	 n(s) authorized to : 	manage, <u>enter the title, name, an</u>	d address of each person, being added
MGR = A AMBR = .	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
				Remove
				Change
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If amendin	g any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.,	į.		
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	specifies a dela h day after the i	yed effective date, but not an effective time, at 12:01 a.m. o record is filed.	n the ϵ	earlier	of:
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		Signalure of a member or authorized epresentative of a member			
		Rickie L. Davis			
_	. <u> </u>	Typed or printed name of signee		_	
		Page 3 of 3			

Filing Fee: \$25.00