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COVER LETTER

TO:	Registration Se Division of Cor			
CIMI		rity Solutions, LLC		
SUBJE	СТ:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	eturn all correspo	ndence concerning this matter	to the following:	
		Michael D. Bauer		
			Name of Person	
		Bauer Security Solutions,	LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		4414 67th Ave Circle East		
			Address	
		Sarasota, FL 34243		
		bauersecurity@icloud.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		·	to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Michae	el Bauer		941 753-1675	
	Name of	Person	at () Area Code Daytime	: Telephone Number
			·	•
Enclose	ed is a check for th	e following amount:		
□ \$ 25	i.00 Fiting 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

Bauer Security Solutions, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on October 9, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		# CEC
(Principal office address MUST BE A STREET ADDRESS)		MARE TARE
		2 AS
Enter new mailing address, if applicable:		FEE. FL
(Mailing address MAY BE A POST OFFICE BOX)		ATT ORIEN
		9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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: MGR = Manager AMBR = Authorized Member **Title** Name 1 **Address Type of Action** AMBR Kira L Bauer 4414 67th Avenue Circle East Sarasota, FL 34243 ■ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change _D Add _□ Remove _□ Change _□ Add _□ Remove _□ Change _ Add □ Remove

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ffective date, if other than the factive date is listed, the date in	ust be specific a	ind cannot be	prior to dat	e of filing or	more than 90	(options) days after fil	ing.) Pursuant to	605.020
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March 19		2018						
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Typed or printed name of signee

Filing Fee: \$25.00