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COVER LETTER

TO:	Registration Se Division of Cor			
CIID IFA		WORLD WIDE SECURITY, I	,	
SUBJE	U1:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		Jonathan W. Smith, Vice Pr	resident	
			Name of Person	
		PREMIER WORLD WIDE	ESECURITY, LLC	
			Firm/Company	
		6810 Mitchell Cir		
			Address	·
		Tampa, Fl. 33634		
		pwwsfl1@gmail.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report noti-	fication)
For furth	ner information co	oncerning this matter, please ca	И:	
Jonathai	n W. Smith		at () 416-5156	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne 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:

TO:

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

PREMIER WORLD WIDE SECURITY, LLC		<u> </u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our recor [Liability Company]	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number L18000021742	y were filed on January 24, 2018	3 and assigne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	
Enter new principal offices address, if applicable:		元。 5
(Principal office address MUST BE A STREET ADDRESS)		三三三三世
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	
	Enter Florida street addre	
	, F	loridaZip Code
	 /	24,0000

New Registered Agent's Signature, if changing Registered Agent:

MARIATED MANDED MAINT CHAMBERY LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
			Add
			□ Remove
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
		Change	
			
		□ Remove	
			Change
			□ Remove

Jonathan W. Shifti is named	I Vice President - AMBR
· · · · · · · · · · · · · · · · · · ·	
fective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the fi	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 clock does not meet the applicable statutory filing requirements, this date will not be listed
record specifies a delaye The 90th day after the rec	ed effective date, but not an effective time, at 12:01 a.m. on the earlier cord is filed.
May 31	2019
	
4	·
JW Sin	Signature of a member or authorized representative of a member
4	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00