## L18000045644

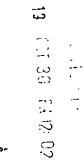
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	<u>_</u>





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## ^ ... COVER LETTER

		stration Section of Corp				
SUBJEC	Gate Keeper Security Consultants & Executive Servi					
SUBJEC		Name of Limited Liability Company				
The enclo	osed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn a	ıll correspon	dence concerning this matter	to the following:		
			Ed Tsuji			
				Name of Person		
			MyCompanyWorks, Inc.			
				Firm/Company		
	187 E. Warm Springs Rd., Ste. B					
				Address		
			Las Vegas, NV 89119			
	City/State and Zip Code					
			orders@mycompanyworks.			
			E-mail address: ()	to be used for future annual r	eport notification)	
For furthe	er inf	ormation co	ncerning this matter, please ca	all:		
Ed Tsuji					2-2677	
		Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed	is a c	check for the	following amount:			
<b>□</b> \$25.0	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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

Gate Keeper Security Consultants & Executi		
( <mark>Name of the Limited Liabili</mark> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 02/20/2018	and assigned
Florida document number L18000045644	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>
	<u></u>	
		Š
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 additional agent and/or the new registered office additional agent.	tered office address on our records ress here:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	f
		orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nikolaos Skokos	170 Lismore Lane	
		Jupiter. FL 33458	Remove
			☐ Change
AMBR	Jennifer Lamb	11236 SW Northland Dr.	■ Add
		Port St. Lucie, FL 34987	□ Remove
			□ Change
			Add
			Remove
		<del>.</del>	Change
	_		☐.Remove
			Change
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			☐ Change
	<del></del>		
			Remove
			□ Change

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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to a ote:  If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional)  Jate of filing or more than 90 days after filing.) Pursuant to 605.0 e statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
ated October 23 2018	
Signature of a member or authorize	ed representative of a member

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Filing Fee: \$25.00