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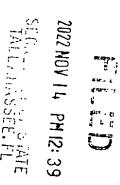
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TO:	Registration S Division of Co		•	·
CHIDITE		-GULFSIDE PROTECTIVE SE	RVICES LLC **	
SUBJE	CI:	Name of Lim	ted Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		JACQUELINE M. DURH.	AM, ESQ.	
			Name of Person	
		KOONTZ & ASSOCIATE	S, PL	
			Firm/Company	
		1613 FRUITVILLE RD.		
		Address		
		SARASOTA, FL 34236		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furt	her information	concerning this matter, please c	alt:	
JACQU	JELINE M. DU	RHAM	941 225-2613 at ()	5
	Name	of Person		ime Telephone Number
Enclose	ed is a check for	the following amount:		
≡ \$25	5.00 Filing Fee	S30.00 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 Addr Registration Division of		Street Address: Registration 9 Division of C	Section

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s

2022 NOV 14 PM 12: 39

RANDEX-GULFSIDE PROTECTI			SECRE
(Name of the Limit	ed Liability Cor (A Florida Limit	npany as it now appears on our re- ed Liability Company)	cords) TALL JUIAS SEE, FL
		ony were filed on 02/23/2018	and assigned
Florida document number L18000049481	·		
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o	f the limited l	iability company here:	
N/A			
The new name must be distinguishable and contain the v	ords "Limited L	lability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Li			
		 	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
and the second s	-	ce address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street ac	Idress
			, Florida 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.

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II amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	GABRIEL SUDHARTO	2975 BEE RIDGE RD.	
		SUITE C. UNIT I	≣ Remove
		SARASOTA, FL 34239	□ Change
MGR	RICHARD ERIC MEHALKO	2975 BEE RIDGE RD.	■Add
		SUITE C. UNIT I	
		SARASOTA, FL 34236	
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
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			□Add
			□Remove
			□ Change

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If an effe Note:	ye date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
	OCTOBER 31 2022
Dated ('
Dated _	Simon S. Denby

Filing Fee: \$25.00