# 118000054406

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Office Use Only



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SECRETARY OF STATE

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# **COVER LETTER**

TO:	Registration Sec Division of Cor		, ·	
CHDI		ty Consulting, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Adrian Johnson		
			Name of Person	
		Public Safety Consulting,	LLC	
		•••	Firm/Company	
		6676 Smithfield Plantation	n Road	
			Address	
		Jacksonville, FL 32218		
			City/State and Zip Code	
		derrick1.aj@gmail.com		
		E-mail address: (	to be used for future annual report notifi-	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Adria	n Johnson		904 545-5631 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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:

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

Public Safety Consulting, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 2/28/2018 and assigned
Florida document number L18000054406	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Public Safety Services Solutions, LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6676 Smithfield Plantation Road
Principal office address MUST BE A STREET ADDRESS)  Jacksonville, FL 32218	
Enter new mailing address, if applicable:	6676 Smithfield Plantation Road
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32218
	TO T
3. If amending the registered agent and/or registered of	
egistered agent and/or the new registered office address her	
Name of New Declary 2.4	- SH 9
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
			Change Change FILE OR Remove FILE OR
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			Add
			□ Remove
			Change

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ifective (	date, if other than the date of filing: (or	ptional)
an effectiv	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a he date inserted in this block does not meet the applicable statutory filing requirements,	fter filing.) Pursuant to 605.020
ocument'	's effective date on the Department of State's records.	
recor	d specifies a delayed effective date, but not an effective time, at 12:0:	1 a m. on the carlier c
The 90	Ith day after the record is filed.	I a.m. on the earlier c
	2016	
ated	March 7, 2018.  Olivary Advisory  Signature of a member or authorized representative of a member	
	adais a O dance	
	Signature of a member or authorized representative of a member	
	Adrian Johnson Typed or printed name of signee	
	Thrian Johnson	

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Filing Fee: \$25.00