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SECRETARY OF STATE
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### **COVER LETTER**

OO VER BETTER
TO: Registration Section Division of Corporations
SUBJECT: Kings Courty Security 11C Name of Limited Nability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samontha Simonyi) Rame of Person  Kings (Outled Security II)
Firm/Company  Control  Address
City/State and Zip Code  City/State and Zip Code  Selman+10-+10-+10-+10101010101010-
For further information concerning this matter, please call:    Concerning this matter, please call:   Concerning this matter, please c
Enclosed is a check for the 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:

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

Name of the Limited Liable (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 1800000</u>	Company were filed on 03 08 2018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "LLC."	•
Enter new principal offices address, if applicable:		<i>∓</i> **
(Principal office address MUST BE A STREET ADD		•
	<b>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ </b>	
	- TANE	
Enter new mailing address, if applicable:	<b></b>	
(Mailing address MAY BE A POST OFFICE BOX)	- AT	
	<b>9.18</b>	
B. If amending the registered agent and/or registered agent and/or the new registered office additional environments of New Registered Agent:  New Registered Office Address:	istered office address on our records, enter the name of the redress here:  ON O	<u>iew</u>

## 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

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 Name Title **Address** Type of Action UGR Michael RRece ☐ Change MGR JUStin Hinds 664 Canby Circle ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove □ Change

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t effective date is listed, te: If the date insert	er than the date of file, the date must be specific ed in this block does not the on the Department of	and cannot be prior to at meet the applicab	date of filing or mon le statutory filing r	(option than 90 days after frequirements, this	iling.) Pursuant to	605.020 listed a
record specifies The 90th day afte	a delayed effective er the record is file	e date, but not a d.	an effective tin	ne, at 12:01 a.	m. on the ea	irlier d
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Filing Fee: \$25.00