L18000144209

(Requestor's Name)	
(Address)	10033
(Address)	10000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	07/15/19
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100331577271

07/15/19--01015--022 **52.50

2019 201 - 3 AT 9: 1

Anund

AUG 0 9 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TWO Friends Security 11C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Saint Pierre
Two Friends Security LLC
Gob Elfrida Way
Kissimmee Fl 34759 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Sount Pierre at (401) 953-1290 Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$certificate of Status & \$\Bigcup \$certificate of Status & \$\Bigcup \$certified Copy & \$\Bi

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



July 22, 2019

ANTHONY SAINT PIERRE 606 ELFRIDA WAY KISSIMMEE, FL 34759

SUBJECT: TWO FRIENDS SECURITY LLC

Ref. Number: L18000144209

We have received your document for TWO FRIENDS SECURITY LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00014833

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of the property of th

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF . .

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 61112018 and assigned Florida document number 4800144209
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Sant Pierre	loob Elfreida way	Ø Add
	,	Kissimmee, FL 34758	□ Remove
			🗆 Change
MGR	Anthonyt Saint Pierr	e 606 Elfrida Way	D Add
		Kissimmee, FZ 34758	_ K Remove
			🗆 Change
MGR	Prophete Syltarex	068 Windowst lake Gr	□ Add
		Orlando, F1 32824	Kemove
			_□ Change
46R	Prophete Siltarex	2068 Windcrest lake C	<u>Ka</u> Kaa
	,	2068 Windcrest lake Co orlando, FL 32824	Remove
			_□ Change
			O Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			Character Character

		_			
					
				-	
	· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·		_ - -		
	<u> </u>	 -			
				<u> </u>	
					
	·•	<u></u>			
		.			
(If an effective date is linear to the Mote: If the date in	ther than the date of filisted, the date must be specific a screted in this block does no additional date on the Department o	and cannot be prior to timeet the applicab	date of tiling or more ole statutory filing r	(option than 90 days after fi equirements, this c	ling.) Pursuant to 605.0207 (
	es a delayed effective after the record is file		an effective tin	ne, at 12:01 a.i	m. on the earlier of:
Dated <u>08-1</u>	-19-	_ `	_•		
	9/ Howrex P Signature of	RDPHE+	zized representative of	a member	
<u>~</u> ^	Signature of	$DD \wedge D$	11-10		

Page 3 of 3

Filing Fee: \$25.00