18000147900

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	Ŋ
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	ocument Number)	
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COVER LETTER

TO:					18 100
SHRII					18 NUG-2
3013		Name of Lim	ited Liability Company)É	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		·
Please	return all correspo	ndence concerning this matter	to the following:		
		KERVINS SAINTANGE			
			Name of Person		_
	Division of Corporations G2H SECURITY SERVICES, LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: KERVINS SAINTANGE Name of Person G2H SECURITY SERVICES, LLC Firm/Company 3558 COCOPLUM CIRCLE Address COCONUT CREEK, FL 33063 City/State and Zip Code KERVINS.SAINTANGE@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ERVINS SAINTANGE Name of Person Area Code Daytime Telephone Number neclosed is a check for the following amount: I \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Copy (Certificate of Status)				
		Address COCONUT CREEK, FL 33063 City/State and Zip Code KERVINS.SAINTANGE Email address: (to be used for future annual report notification) information concerning this matter, please call: SAINTANGE Name of Person E-mail address: (to be used for future annual report notification) information concerning this matter, please call: SAINTANGE Name of Person E-mail address: (to be used for future annual report notification) information concerning this matter, please call: SAINTANGE Name of Person a check for the following amount: Filing Fee S 30.00 Filing Fee & S 55.00 Filing Fee & Certificate of Status Certificate Of Status	-		
		3558 COCOPLUM CIRC	CLE		
			Address		-
		COCONUT CREEK, FL	33063		
			· ·		-
		E-mail address: (to be used for future annual report not	ification)	
For fur	ther information c	oncerning this matter, please ca	all:		
KERV	INS SAINTANGI	E	at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Numbe	т
Enclose	ed is a check for th	ne following amount:			
□ \$ 2:	5.00 Filing Fee		Certified Copy	Certifica Certified	ate of Status & i Copy

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





August 9, 2018

KERVINS SAINTANGE GSH SECURITY SERVICES, LLC 3558 COCOPLUM CIRCLE COCONUT CREEK, FL 33063

SUBJECT: G2H SECURITY SERVICES, LLC

Ref. Number: L18000147900

We have received your document for G2H SECURITY SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 318A00016455

Stacy Prather Regulatory Specialist III

다드스트 (독) 8 AUG 20 AM 11: 13 | [합니다]

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

G2H Security Services, LLC

company has been notified in writing of this change.

2018 AUG 20 PM 1: 09

(Name of the Limi	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	OUTTECOTES: TALLAHAS	OF STATE
The Articles of Organization for this Limited L Florida document number	Liability Company	were filed on JUNE	15, 2018	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
G2H Security Services, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		426 Lantana Road		
(Principal office address MUST BE A STREET ADDRESS)		Lantana, FL 33462	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3558 Cocoplum C		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	r records, <u>enter</u>	the name of the n
Name Provintered Office Address	426 Lantana Road, SUITE A			
New Registered Office Address:		Enter Florida :	street address	
	Lantana		, Florida ³³	3462
		City	, 7 101144	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agr	ee to act in this cap	acity. I further ag	gree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

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
MGR	Kervins Saintange	3558 Cocoplum Circle	
		Coconut Creek, FL 33063	Remove
			Change
AMBR	Pricille Saintange	3558 Cocoplum Circle	
		Coconut Creek, FL 33063	☐ Remove
			☐ Change
RA	Marc Sanon	1322 SANDPIPER LN	
		LANTANA, FL 33462	■ Remove
			Change
AMBR	SILLION, MEJUSTIN	4376 MARS AVE	
		WEST PALM BEACH, FL 33406	■ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

If amending any other info	ormation, enter change(s)	nere. (Anaca adan	ionai sneets, y necessary.)	
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Effective date, if other that (If an effective date is listed, the date inserted in the document's effective date on	ate must be specific and cannot be this block does not meet the a	pplicable statutory fili	(optional) more than 90 days after filing.) Pursua ing requirements, this date will no	nt to 605.0207 (3 t be listed as the
the record specifies a de) The 90th day after the		it not an effective	time, at 12:01 a.m. on the	e earlier of:
July 27 Dated	2018	······································		
	Haint			
	Signature of a member or	anthonical manuscrip	ve of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00