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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

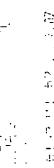




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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, Fl. 32314

Division of Cor	porations		
SUBJECT: DECEPTION	ON INVESTIGATIONS, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph F. Waters		
		Name of Person	
	DECEPTION INVESTIGA		
		Firm/Company	
	13180 North Cleveland Av		
		Address	
	North Fort Myers, FL 3390		
	dipolygraph@gmail.com	City/State and Zip Code	
		to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please co	all:	
Joseph F. Waters		at (917) 873-5792 Daytime	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DECEPTION INVESTIGATIONS, LI	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L18000226063	sility Company were filed on September 24, 2018 and assigned
his amendment is submitted to amend the follow	ing:
a. If amending name, enter the new name of th	<u>re limited liability company here</u> :
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Inter new principal offices address, if applicab	le:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u> </u>
3. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new registe
gent and/or the new registered office address b	<u>nere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
•	City Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Joseph F. Waters	Signature of a member or authorized representative of a member		- ,
Joseph F. Waters	n ·		
Typed or printed name of signee	<i>"</i> "		

Filing Fee: \$25.00

Amended and Restated Articles of Organization

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a

limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the

following amended and restated articles of organization for such limited liability company.

Article 1. Name of Limited Liability Company. The name of this limited liability company

is Deception Investigations, LLC.

Article 2. Registered Office and Registered Agent. The initial registered office of this

limited liability company and the name of its initial registered agent at this address are:

Registered Office - 13180 North Cleveland Ave., Suite 221, North Fort Myers, FL 33903

Registered Agent – Joseph F. Waters.

Article 3. Statement of Purposes. The purposes for which this limited liability company is

organized are:

This LLC shall provide polygraph services and any and all lawful business activities.

Article 4. Management and Names and Addresses of Initial Managers. The management

of this limited liability company is reserved to the registered agent. The names and addresses of

its initial managers are:

Joseph F. Waters 13180 North Cleveland Ave., Suite 221, North Fort Myers, FL 33903

Article 5. Principal Place of Business of the Limited Liability Company. The principal

place of business of the limited liability company shall be:

13180 North Cleveland Ave., Suite 221, North Fort Myers, FL 33903

Article 6. Period of Duration of the Limited Liability Company. The period of duration of

the limited liability company shall be: November 1, 2018 until Dissolution.

In witness whereof, the undersigned organizer(s) of this limited liability company has (have)

signed these amended and restated articles of organization on the date indicated.

Date: June 19, 2024

Signature(s):

Organizer

Joseph F. Waters

Typed or Printed Name