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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

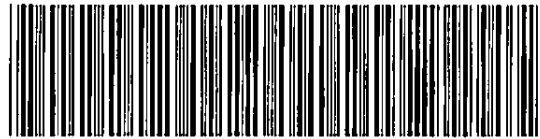
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DECEPTION INVESTIGATIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph F. Waters
Name of Person

DECEPTION INVESTIGATIONS, LLC
Firm/Company

13180 North Cleveland Ave., Suite 221
Address

North Fort Myers, FL 33903
City/State and Zip Code

dipolygraph@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph F. Waters at (917) 873-5792
Name of Person Area Code Daytime Telephone Number

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DECEPTION INVESTIGATIONS, LLC

(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 September 24, 2018 and assigned Florida document number L18000226063.

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 the new registered agent and/or the new registered office address here:

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 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

SEP 24 2018

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:

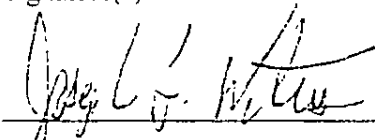
13180 North Cleveland Ave., Suite 221, North Fort Myers, FL 33903

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

