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(F	Requestor's Name)
(A	(ddress)
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PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
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Certified Copies	Certificates of Status
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## **COVER LETTER**

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SUBJECT:		ecurity Solutions, LLC			
SUBJECT.		Name of Limi	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Andrew Smith			
			Name of Person		
		Titus Brueckner Spitler &	Shelts, PLC		
			Firm/Company		<del></del>
		8355 E Hartford Drive, Su	ite 200		
		· · · · · · · · · · · · · · · · · · ·	Address		
		Scottsdale, AZ 85255			
		asmith@tbsslaw.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual r	report notification)	
For further i	nformation c	oncerning this matter, please ca	ıll:		
Andrew Sn	nith		480 483	3-9600	
	Name o	f Person	Area Code	Daytime Teleph	one Number
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

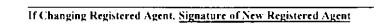
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limitless Security Solutions, 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  $\frac{9/27/2018}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Limitless Merchant Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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

## 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 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
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			□Remove
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E. Effective date, if other (if an effective date is listed, the	rific or محمد عمل المستحدد ك	nd connot be prior to	date of filing or more	(option	ling ) Pursuant to	605,0207 (3)(b
Note: If the date inserted	in this block does not	meet the applical	ole statutory filing re	equirements, this o	late will not be	listed as the
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If the record specifies a delaye	ed effective date, but n	ot an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day a	after the
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	Signature of	a member or author	rized representative of	a member	to the second	
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Filing Fee: \$25.00