

L180000240417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

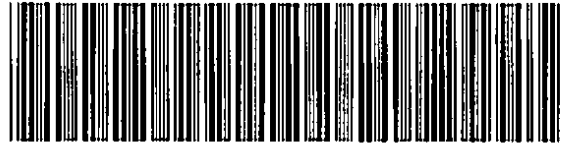
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DEC 22 2021



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12/10/21--01023--008 \*\*EO.00

2021 DEC 10 AM 9:14  
CLERK OF STATE  
J. J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OFF DUTY FORCE, LLC  
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:

ROCKWELL MORRIS  
Name of Person  
ENFORCEONE, LLC  
Firm/Company  
3942 LEATHERWOOD DRIVE  
Address  
ORANGE PARK, FLORIDA 32065  
City/State and Zip Code  
rmorris@enforceone.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROCKY MORRIS                      904                      887-4158  
Name of Person                      at (                      )                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

OFF DUTY FORCE, 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 10/10/2018 and assigned  
Florida document number 118000240417.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ENFORCEONE, LLC

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.*

2021 OCT 10 AM 9:14  
STATE OF FLORIDA  
ED

**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROCKWELL MORRIS	11247 SAN JOSE BLVD	<input type="checkbox"/> Add
		APT 722	<input type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32223	<input checked="" type="checkbox"/> Change
MGR	DAVID DICKSON	606 WAKEVIEW DRIVE	<input type="checkbox"/> Add
		ORANGE PARK, FLORIDA 32065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOHN DEAN	12097 HAMMOCK OAKS DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32223	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CARSON TRANQUILLE	10805 PEACEFULL HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID EURE	12276 SAN JOSE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 516	<input type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32223	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed.

DECEMBER 7 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**