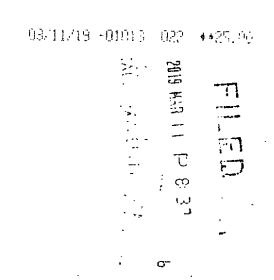
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(F	Requestor's Name)	
A)	address)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER,

TO: Registration S Division of Co		•		
S R T SEC	CURITY ENFORCEMENT SE	RVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter			
	Kerri Rheaume			
	R.S.T. Patrol Services IIc.	Name of Person		THE THE
	277 A Pine Valley Rd.	Firm/Company		ですることで
	Saint Cloud Ft. 34769	Address		
	RheaumeKerri@gmail.com			-
For further information of Kerri Rheaume	ri-mail address: () concerning this matter, please ca	to be used for future annual report no all: 321 443-8863	(incation)	
Name (of Person	at () Area Code Dayti	me Telephone Number	:r
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
	JNG ADDRESS:	STREET/COUR	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.R.T. SECURITY ENFORCEMEN	ST SERVICES LL	.C	
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our record- Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Company were filed on $\frac{01-11-2019}{\text{Elorida document number}}$ Florida document number $\frac{1.19000014133}{\text{Elorida document number}}$			and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
R.S.T. PATROL SERVICES LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if application	ıble:	3008 Madelia Lane	
Principal office address MUST BE A STREE		Kissimmee, Fl. 34744	
The part of precion of the precion o			
			10
Enter new mailing address, if applicable:		277 A Pine Valley Road	
Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)	Saint Cloud, Fl. 34769	[1]
<u> </u>	<u> </u>		80
3. If amending the registered agent and/oregistered agent and/or the new registered off			, enter the name of the ne
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	3008 Madelia I	ane	
		Enter Florida street address	
	Kissimmee		orida <u>34744</u>
		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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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ffective date, if other that an effective date is listed, the date	te must be specific.	and cannot be p	prior to date	of filing or m	ore than 90 da	(optiona ys after tili	ng.) Purs	suant to 60	05.02
lote: If the date inserted in to ocument's effective date on				atutory iiin	g requiremei	nts, this de	ue wiii	not be us	stea
e record specifies a de The 90th day after the			not an o	effective t	ime, at 12	2:01 a.n	ı. on t	he earl	lier
March 01		2019							
ated									

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00