L19 0000 20633

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AUG 24 2070 S. YOUNG

COVER LETTER

TO: Registration : Division of Co		.•	en e
	Security Florida, LLC		
SUBJECT.	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	Amy Martinez		
		Name of Person	
	Sterling Security Florida,	LLC	
		Firm/Company	
	360 NE 75 Street, # 707		
		Address	· - ·
	Miami, FL 33138		
		City/State and Zip Code	
	amartinez@sterlingsecurity		
For further information (E-mail address:	(to be used for future annual report no rail:	lification)
Amy Martinez		786 553-6277	
Name	of Person		ne Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of 7	Fallahassee e Street, Suite 810
· withingset, I		2413 N. MONIO	e street, stite \$10

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sterling Security Florida, LLC		<u> </u>
(Name of the Limit	ed Liability Company as it now appears on or (A Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Li	iability Company were filed on 01/18/20	and assigned
Florida document number L19000020633		200 000 000
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designati	on "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, here:	enter the name of the new registered
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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Oswald A. Tejeda	360 NE 75 Street, #121	
		Miami, FL 33138	
		1871 NW S River Drive, #707	□Change
MGR Amy Martinez	Miami, FL 33125	-	
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□ Remove
			Change
			□Add
			□Remove
			□Change

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Effectiv	tive date, if other than the date of filing: 07/13/2020 (optional)
Note: I	f the date inserted in this block does not meet the applicable statute of filing or more than 90 days after filing.) Pursuant to 605.020
docume	nt's effective date on the Department of State's records.
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
d is file	1.
	aly 13th
	, , , , , , , , , , , , , , , , , , , ,
Dated _	
vated _	
vated _	Signature of a member of authorized
vated _	Signature of a member or authorized representative of a member Eric Williamson

Filing Fee: \$25.00