## 1190000 28660

(Requ	estor's Name)	
(Addre	·ss)	
(Addre	·ss)	
(City/S	State/Zip/Phone	÷#)
<u></u>	WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



200327203832

04/04/19--01009--021 \*\*25.00

19 APR 15 AM 18:41

APR 22 2019
T SCHROEDER

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJEC		SECURITY UNITY FORCE	LLC	
SUBJEC	~1	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matte	r to the following:	
		LOUIS PIERRE GERARD	1	
		GLOBAL SECURITY UNI	Name of Person TY FORCE LLC	
		27871 SOUTH DIXIE HW	Firm/Company Y SUITE A	· · · · · · · · · · · · · · · · · · ·
		HOMESTEAD 33032	Address	
		GSUFLLC@GMAIL.COM	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	fication)
For further	er information c	oncerning this matter, please o	all:	
LOUIS F	PIERRE GERA	ARD	786 2239499	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL SECURITY UNITY FORCE LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/28/2019	and assigned
Florida document number L19000028660		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<b>19</b>
		ARR AP
		15 1888 1888
Enter new mailing address, if applicable:		mo > m
Mailing address MAY BE A POST OFFICE BOX)		SI SI
	*****	77 <del>7</del> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		<del></del>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he	<del></del>	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
· · · · · · · · · · · · · · · · · · ·	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMESON LOUIS	26780 SW 142ND AVE AP 204 HOMESTEAD FL 33032	
<u>.</u>		I WOULD LIKE TO REMOVE HIS NAME AND ADDRESS OFF THE MRG LISTED	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			SCORE REDOVE
			SEE. FLORIDA
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change

				-
	,		<del></del>	-
		-,- ·		
	on the state of th	<del>"</del> "		
				-
				-
		¥,,		
			19 <b>A</b>	
		HASA	APR	7
		) ( Y ) ( Y	\(\frac{1}{2}\)	
		F. 07	AH 75	ED
		RIDA	14.	
			*****	-
ffective date, if other than the date of filing:	(optiona			
an effective date is listed, the date must be specific and cannot be prior to date of filing to date. If the date inserted in this block does not meet the applicable statutory to current's effective date on the Department of State's records.	or more than 90 days after thin filing requirements, this da	ig.) Pursuar te will not	u w 605 be list	5,0207 ( ed as t
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m	. on the	earlie	er of:
04/01/2019 Oated				
	re Gerano	1		
$\mu \circ \mu \circ$	ative of a member	4		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00