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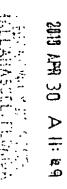
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## **COVER LETTER**

TO: Registration Se Division of Cor			
suвјест: <u>Ма</u> п	ne change of Name of Lin	DSH Public SAFe	ety LCC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		AUID HICKS Name of Person	<del></del>
		Firm/Company	
	1485 NE 3.	3Rd Road Apt 3	207
	Homestea	d FLorido 330 City/State and Zip Code	33
	Clauticks 1916 E-mail address: (	to be used for future annual report notif	ication)
for further information c	oncerning this matter, please ea		,
DAVID HI	C) ¿ S f Person	at ( <u>786</u> ) <u>390 -</u> Area Code Daytime	3020 Telephone Number
inclosed is a check for th	ne 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 ADDRESS:

TO:

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

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DSH Public Safety LLC

(Name of the Limited Liability Company as it now appears on our record)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/4/20/9/355 and assigned Florida document number <u>419000</u>6/285 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DSH Security Services and 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 \_\_, Florida \_\_\_ 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
			Remove
			🖸 Add
			□ Remove
			Remove
			☐ Change
			Remove
			☐ Change
			Add
		<del></del>	□ Remove
			Change
			□ Add
			□ Remove
			Change

. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing: 4/25/2019 (optional) The 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the red ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1/25/2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00