

L19 000068497

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 25 PM 3:32

T. MATTHEWS

JUN 13 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Liberty Security Agency, 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:

Dewayne A Sparks

Name of Person

Liberty Security Agency, LLC

Firm/Company

1321 N. Main Street #2

Address

Jacksonville, FL 32206

City/State and Zip Code

libertysa.llc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Rena, Hart-Sparks

904

917-7091

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

22 APR 25 PM 3: 32

Liberty Security Agency, 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 March 11, 2019 and assigned
Florida document number L19000068497

This amendment is submitted to amend the following:

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

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:

1321 N. Main Street

(Principal office address MUST BE A STREET ADDRESS)

#2

Jacksonville, FL. 32206

Enter new mailing address, if applicable:

1321 N. Main Street

(Mailing address MAY BE A POST OFFICE BOX)

#2

Jacksonville, FL. 32206

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.

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>
OWNER	Rhonda Rena, Hart-Sparks	701 moore Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL. 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michale L. Grayer	6742 Ector Place	<input type="checkbox"/> Add
		Jacksonville FL. 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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22 December, 2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 20 April 2022

 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00