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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Co	orporations	,	
SUBJECT:	SECURITY E	NFORCEMENT F	kus LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	MATHIE	U ViN C€NT	JR.
	SECURITY E	Firm/Company	us LLC
	4330 N.W.	173 DRIVE	± 3B
	MIAMI	City/State and Zip Code	33055
	YTTAM	o be used for future annual report noti	
			ncation)
For further information	concerning this matter, please ca	ll:	
MATHIEW VI	N CENT J.C.	at (18 4) 344 - Area Code Daytim	229 o
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

· **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

TO ARTICLES OF ORGANIZATION OF

SECYPITY EN	YFORCEM	ENT PLU	5 16	
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	y as it now appears on ability Company)	S LLC our records JUN 20 P B	24
The Articles of Organization for this Limited Liab Florida document number	oility Company w			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the design	ation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ce address on ou	r records, enter the name o	<u>f tł</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		Enter Florida s	treet 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

. MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	CANDICE L. VINCENT	4330 N.W. 173 DR.	Add
		MIAMI GARDENS, FL.	Remove
		33055	Change
			Add
			□ Remove
			Change
			🗆 Add
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		<u> </u>	Change
			
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fan effec <u>Vote:</u> If	
an effectore. If ocument ocume	tive 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
fan effec Note: If Nocumen e reco The 9	tive 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to a continuous date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to a continuous date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to a continuous date on the Department of State's records.
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fan effec Note: If documen ne reco The 9	tive 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. If a specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied of the day after the record is filed.
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fan effec Note: If locumen e reco The 9	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. If a specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied of the day after the record is filed. In a color.

Page 3 of 3

Filing Fee: \$25.00