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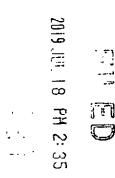
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COVER LETTER

10:	Registration Sec Division of Corp		. **	
SUBJ	ECT:	SECULITY Name of Lim	ENFORCEMENT PC ited Liability Company	LUS LEC
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		MATHIE	Name of Person	<u>.</u>
		SECURITY	ENFORCEMENT P	LUS LLC
		4330 N.W.	173 DRIVE 31	3
		MIAMI GAR	City/State and Zip Code	055
		E-mail address: (122 @ AOL . Com to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	dl:	
MA	THIEW VIN	JCENT JR. Person	at (776) 399- Area Code Daytime	2896 Telephone Number
Enclos	sed is a check for th	e following amount:		
5 € \$2	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 JUL 18 PH 2:35 SELHRITY ENFORCEMENT (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 MAY 22, 2019 and assigned Florida document number L19000137763. 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: (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

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 mv 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>	Address	Type of Action
m 4 R	MATHIEU VINCENT JR.	4330 N.W. 173 DR.	Add
		MIAMI GARDENS, FC.	Remove
		33055	Change
			Add
			□ Remove
			□ Change
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record he 90	specifies a th day after	delayed effect the record is f	tive date, t filed.	out not an o	effective tin	ne, at 12:0 1	. a.m. on the	e earlier of
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Filing Fee: \$25.00