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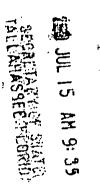
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# **COVER LETTER**

Div	ision of Cor	porations		<b>△</b> C <b>•</b>
elidiczt.	SECURITY	/ INTEGRAL GUARD LLC		
SUBJECT:		Name of Lim	ited Liability Company	100 mg
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSE HERNANDEZ		
			Name of Person	<del></del>
		SECURITY INTEGRAL O	GUARD LLC	
			Firm/Company	
		642 NE 193RD TER		
		-	Address	<del>`</del>
		MIAMI, FL 33179		
			City/State and Zip Code	
		HERNANDEZMARCIALE	:S463@HO1MAIL.COM to be used for future annual report notifi	ication)
For further is	nformation c	oncerning this matter, please ca		
JOSE HER	NANDEZ		954 659-3464 at ( )	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
	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)
		ING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

### SECURITY INTEGRAL GUARD LLC

ARTICLES (	OF ORC	GANIZATIO	ON	The second
	OF		•	E E
SECURITY INTEGRAL GUARD LLC				5
(Name of the Limited Liability) (A Florida L	Company as imited Liabil	it now appears of ity Company)	n our records.)	7
The Articles of Organization for this Limited Liability Cor Florida document number <u>L19000138390</u>	mpany were	e filed on <u>MAY</u>	23, 2019	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability	company here:	:	
The new name must be distinguishable and contain the words "Limite	ed Liability Co	ompany," the desig	gnation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		address on o	ur records, <u>ent</u>	er the name of the nev
Name of New Registered Agent:			<del></del> -	
New Registered Office Address:				
		Enter Florida	street address	
		City	, Florida	 Zip Code
Non-Books and Aponto Cinatons if shapping Books and	A gant:	•		,

## 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, <u>enter the title, name, and address of each person\_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JORGE MORILLO	642 NE 193RD TER, MIAMI FL 33179	<b>∃</b> Add
			□ Remove
			Change
MRG	JOSE HERNANDEZ		□ Add
		642 NE 193RD TER, MIAMI FL 33179	■ Remove
			Change
			□ Remove
			Change
<del></del>			
			Remove
			Change
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			Change
	<del></del>		
		<del></del>	□ Remove
			Change

. 11 amen	ding any other informati	m, enter change(s) nere: (All	ach additional sheets, if necessary.)
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Note: If	e date, if other than the outive date is listed, the date must fithe date inserted in this bloom's effective date on the De	k does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 atutory filing requirements, this date will not be listed as
the reco ) The 9	ord specifies a delayed 90th day after the reco	effective date, but not an end is filed.	effective time, at 12:01 a.m. on the earlier o
Dated Ji	ULY 11	2019	
		<u> </u>	
		ignature of a member or huthyrized re	epresentative of a member
		1 1 / 1	

Page 3 of 3

Filing Fee: \$25.00