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COVER LETTER

то:	Registration Se Division of Cor	ection porations		
SUBJEC		Fire Solutions, LLC		
NUDJEC	· · ·	Name of Lin	ited Liability Company	-
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Michael Wade McDaniel		
		McDaniel Fire Solutions	Name of Person	
		94 Old Oak Drive South	Firm/Company	
		Palm Coast Florida 32137	Address	
		mikewmcdaniel@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	ation)
For furthe	er information co	oncerning this matter, please co	all:	
Charles	Lee McDaniel		386 447-0411	
	Name of	f Person		elephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

McDaniel Fire Solutions, 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 June 6, 2019 and assigned Florida document number L19000150074 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aegis Fire Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability 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 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 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be pr does not meet the app	ior to date of filing or l licable statutory fili	more than 90 days after fil	ing \ Pursuant to 605 0207
ne record specifies a delayed ef The 90th day after the record	fective date, but r l is filed.	not an effective	time, at 12:01 a.r	n. on the earlier of
October 11 Dated	2019	·		
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Charles Fee	nature of a member or au	thorized representative	e of a member	

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Filing Fee: \$25.00