## L14000153530

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Elp/ Hone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

Frisk Security LLC SUBJECT:					
	Name of Limit	ed Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	Ronald Frisk				
		Name of Person			
	Frisk Security LLC				
		Firm/Company			
	400 White Coral Ln				
		Address			
	New Smyrna Beach Florida	32168			
		City/State and Zip Code			
	d45shooter@outlook.com				
	E-mail address: (to	be used for future annual report noti	fication)		
For further information of	concerning this matter, please ca	11:			
Ronald Frisk		209 642-2424 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

records.)
and assigned
"LLC" or the abbreviation "L.L.C."
, <u>, , , , , , , , , , , , , , , , , , </u>
F ?
enter the name of the new regis
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. ~
<del>-</del>
address UT
. Florida
, FIOTIUM 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 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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove

). If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effec	e date, if other than the date of filing:
ecord is filed	
Dated _	3/10/21 Randel Hand
	Signature of a member or authorized representative of a member
	Ronald Frisk
	Typed or printed name of signee