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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
	curity Patrol	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jacob Jimenez			
		Name of Person		
	Blueline Security Patrol			
		Firm/Company		
	5631 Struthers Ct			
	<del> </del>	Address		
	Winter Haven, Florida 338	384		
		City/State and Zip Code	<del></del>	
	jacobjimenez1588@yahoo.			
	E-mail address: (	to be used for future annual report no	otification)	
For further information of	oncerning this matter, please c	all:		
Jacob Jimenez		863 247-0575 at (		
Name of	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee  2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### BLUELINE SECURITY PATROL L.L.C.

2020 H. T. 26 PH 5: 58

(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 14, 2019 \_\_\_\_ and assigned Florida document number  $\frac{L19000157680}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: High Demand Security L.L.C The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5631 Struthers Ct Enter new principal offices address, if applicable: Winter Haven, Florida 33884 (Principal office address MUST BE A STREET ADDRESS) 5631 Struthers Ct Enter new mailing address, if applicable: Winter Haven, Florida 33884 (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 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			🗖 Add
			□Remove
		·	□ Change
			□Add
		<del></del>	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change

). If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
If the record record is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated 2	March 25 2020
	Signature of a member openith prized representative of a member  Jacob Jimenez

Typed or printed name of signee