## L19 000 205140

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

		icy Enforcement, L.L nited Liability Company	
The englosed Articles of A	Amendment and fee(s) are sub	amitted for filing	
		_	
Please return all correspon	ndence concerning this matter	to the following:	
	Adrian L. Co	ody	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	C & S Securi	ity and Policy Enfor	cement, L.L.C.
		Firm/Company	202 
	1152 Edgewoo	od Avenue South	TARRE T
		Address	
	Jacksonville	e, FL 32205	-1 PM 2: 09 ARY OF STATE
		City/State and Zip Code	F-S 2:
	Adrian.Cody1	7@gmail.com	FATE 09
	E-mail address: (	to be used for future annual report not	ification)
For further information co	ncerning this matter, please c	all:	
Adrian L. Cod	У	at ( 904 ) 868-1	425
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 tadditional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of T	rporations
Tallahassee, F	L 323 (4	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Policy Enforcement, L.L.C.
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	my were filed on August 12, 2019 and assigned
Florida document numberL19000205140	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
C & S Safety and S The new name must be distinguishable and contain the words "Limited Lia	
ne new name must be distinguishable and contain the words "Limited Lie	ability Company, the designation LLC of the aboreviation L.C.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)  3. If amending the registered agent and/or registered offic	SECRETAL TO PH 2: Of the new register address on our records, enter the name of the new register.
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
	Enter Florida street address
	, Florida

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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			Remove
			SE CRETA
			JUL - PH 2: 09  RETARY OF STATE LLAHI/SSEE, FI
			∴ 09 □Change
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Tective date, if other an effective date is listed, ote: If the date inserted current's effective date.	the date must be speed in this block do	ecific and can es not meet	the applicable	late of filing or n e statutory filin	nore than 90 days	optional) after filing.) . this date w	Pursuant to 605. vill not be liste	020 d as
record specifies a delay is filed.	ed effective date.	but not an e	ffective time	. at 12:01 a.m.	on the earlier o	f: (b) The	90th day after	the
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