## L19000221500

(Requestor's Name)	
(Address)	
(Address)	,
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration 5 Division of Co			
	tion and Security Agency LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Fabian Mcknight		
		Name of Person	
	SC Protection an Security	Agency LLC	
	<del></del>	Firm/Company	
	3615 Caramel Avenue		
	<del></del>	Address	
	161		
	<del></del>	City/State and Zip Code	
	Port Orange Florida 32129	to be used for future annual report not	Transition of the state of the
E. C.			neation)
	concerning this matter, please ca		
Fabian Mcknight		434 227-9148 at ()	
Name	of Person	Area Code Daytim	se Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Se	ection
	Corporations	Division of Cor	
P.O. Box 63	327	The Centre of T	Γallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SC Protection and Security Agency 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  $\frac{08/29/2019}{2}$ Florida document number L19000221500 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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) 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: 402 Seabreeze Blvd, Unit 9 New Registered Office Address: Enter Florida street address Daytone Beach

## 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ms.	Sharlene Fagan	3615 Caramel Avenue, Apt 161, Port Orange F	TL 32129 <b>Æ</b> Add
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	22/20 <u>.</u> 		n In	member	or author	ized repi	resentativ	e of a me	mber				

Filing Fee: \$25.00