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DC02(23)(21)

COVER LETTER

TO: Registration Section Division of Corporations

d Liability Company SUBJECT: 1) W Security and

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:



Enclosed is a check for the following amount:

□ \$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

De Service and Investigation (Name of the Limited Liability Company (A Florida Limited Liability Company) (A Florida Limited Liability	ngcitions, LLC, s as a now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number $L 1900239380$	vere filed on 10/03/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
D4.0 Security Services. LC The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
muning under birt birt 051 01 cice 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 ad	dress .
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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>	Name	Address	Type of Action
			🗆 🖂 🖂 Add
			□Change
			🖸 Add
			🗆 Change
			🗆 Add
			□Change
			🗆 Add
		_ <u></u>	🗆 Remove
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		- <u></u>	
			□Change
		<u>- 21</u>	🗆 Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated 02-23 -2021 Andrew Nicholson Aw Signature of a member or authorized representative of a member her Nicholson ANdrey Nicholson Typed or printed name of signed