

L19000251028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

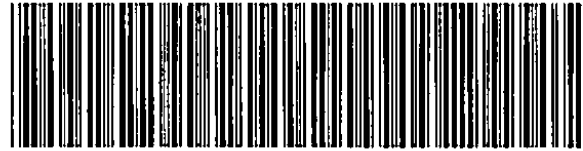
(Business Entity Name)

(Document Number)

d Copies _____ Certificates of Status _____

al Instructions to Filing Officer:

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01/28/21--01004--017 **25.00

2021 JAN 28 AM 9:20
FEB 27
2021 JAN 28 AM 9:20

P 3/12/21

A2Z SECURITY SOLUTIONS LLC

Name of Limited Liability Company

return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Name of Person

at ()

Area Code

Daytime Telephone Number

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

A2Z SECURITY SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/07/2019 and assigned
document number L19000251028.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

1800 Pembroke Drive

Principal office address MUST BE A STREET ADDRESS

Suite 300

Orlando, FL 32810

New mailing address, if applicable:

1800 Pembroke Drive

Mailing address MAY BE A POST OFFICE BOX

Suite 300

Orlando, FL 32810

Changing 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:

Sherri Brown

New Registered Office Address:

1800 Pembroke Drive Suite 300

Enter Florida street address

Orlando

City

Florida 32810

Zip

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

ved from our records:

Manager
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sherri Brown	1800 Pembroke Drive Suite 300	<input type="checkbox"/> Add
	Orlando, FL 32810 (Address Change)	<input type="checkbox"/> Remove
		<input checked="" type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

ending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (optional)

If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the date 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 date of filing.

25 - JANUARY 2021

Annette Cato-Griffin

Signature of a member or authorized representative of a member

ANNETTE CATO-GRIFFIN

Typed or printed name of signee