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COVER LETTER

Division of Cor	porations	•	
SUBJECT: Ser	at Security	LLC	
	Name of Lin	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:	
	RAFAEL OR	「 Ŧ ヲ	
		Name of Person	- ·
			
		Firm Company	
	3585 PIAZZ	A DRIVE, APT. D.C	72
		Address	
	FORT MY ERS	FL 33916 City State and Zip Code	
	RAFAELORTIZL	TO SMAIL. COM to be used for future annual report notif	
	n-man address. (to be used for future annual report notal	ication)
For further information c	oncerning this matter, please c	all:	
RAFAELC	RTIZ	at (305) H98 - Area Code Daytime	7953
Name o	l Person	Area Code Daytimo	: Telephone Number
Inclosed is a check for the	ne following amount:		
Ll \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	22 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

IO;

Registration Section

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

SERAF SECURITY LLC

(Name of the Limited Liability Compa (A Florida Limited	inv as It now appears o Liability Company)	n our records,)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{19000374153}{}$.	were filed on Marc	m ber 4, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "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 rec	ords enter the name of the new registered
agent and/or the new registered office address here:	acceres, on our rec	ords, enter the name of the new registeries
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	i street address
		, Florida
	Cus	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>u</u>	
I hereby accept the appointment as registered agent and ag		

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
AMBR	SERGII (HUMAKOV	4203 APPLEROCK DRIVE	X Add
		O'Fallon, Missouri 63368	LiRemove
			Change
			\(\sigma\) Add
			□Remove
			□Change
			🗆 Add
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			∐Change

Page 2 of 3

H amending any o	ther information, enter change(s) here: tAttach additional sheets, if necessary, i
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Note: If the date ins	ther than the date of filing:
ne record specific The 90th day a	es a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the record is filed.
Dated Novemb	er 30 th . 2019
	Signature of a member or authorized representative of a member
	RAFAEL A ORTIZ Typed or printed name of signee

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