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(Req	uestors Name)	
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SELLAHASSEE FALL

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COVER LETTER

TO: Registration Section Division of Corpo			
Pride	Security Se	3 g	
SUBJECT: 11102	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	,		
	Salvatore	C Note TR Name of Person	
		Name of Person	
	Prode Pert	Firm/Company /	>
	3500 South Kan	Address	
	Squart, F	City/State and Zip Code	
	5al. Pri de Secu E-mail address: (1	re Smail-Com to be used for future annual report notific	cation)
For further information con-	cerning this matter, please ca		
,			
SAL NOTO		at (<u>772</u>) <u>214</u> - Area Code Daytime	4214
Name of P	erson	Area Code Daytime	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)
Mailing Address: Registration Sec	ction	Street Address: Registration Sect	tion

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prode Dearing &	ervices ilc	
(Name of the Limited Liability (A Florida L	Company as it now appears on our recommitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor	npany were filed on	2019 and assigned
Florida document number <u>L1900281211</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Pride Protection Agency The new name must be distinguishable and contain the words "Limited	LLC	<u></u>
The new name must be distinguishable and contain the words "Livited	d Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRE		
	<u></u>	
		CO MAR
Enter new mailing address, if applicable:	- NIA	
(Mailing address MAY BE A POST OFFICE BOX)		35 A 10
		المراجع
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:	بدالع	
New Registered Office Address:	N1 12-	
	Enter Florida street add	lress .
		Florida
	City	Zip Code

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 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
			□Add
			□Remove
			Change
		<u> </u>	□Remove
			Change
			□ Add
			□Remove
			□Remove
			☐ Change
			□ Add
		□Remove	
			Change
			□ Change

amell	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
in effec ote: If	e date, if other than the date of filing:
ecord is filed	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 d.
ted _	March 3 . 2020.
	Signature of a member or authorized representative of a member
	Salvature C Noto Tr Typed or printed name of signee