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ΓO:	Registration Secti Division of Corpo			* · · · · · · · · · · · · · · · · · · ·
SUBJI	ect: Tactic	al Response &	Protective Scale and Liability Company	rices IIC
The en	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.	•
Please	return all correspond	ence concerning this matter	to the following:	
		Joel ?	Dunkle u Name of Person	
		Toctical Rei	Parel (Firm/Company	JERNCY LLC
		435 Kette	ring 11d Address	
		Davenport	F/ 33 & S 7 City/State and Zip Code	
		E-mail address: (t	o be used for future annual report n	otification)
For fur	ther information cond	cerning this matter, please ca	dl:	
	Jeel Don Name of Pe	kley	at (347) <u>858</u> Area Code Days	5 9523 time Telephone Number
Enclos	ed is a check for the f	-		
Ź	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Address:	

TO:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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



(A Florida Limited	Liability Company)	22-12-
The Articles of Organization for this Limited Liability Company	were filed on 12/89/	19 and assigned
Florida document number 19000293356	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TACTICAL RESPONSE & PATROL The new name must be distinguishable and contain the words "Limited Liabi	ACKNCY LLC	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA San	<u>e</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	Huge
	Enter r tortua street aa	aress
		, Florida
	City	Zip Code
Name Danistana d. Lagartic Simustana i Cabangina Dagistana d. Lagart		

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
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Filing Fee: \$25.00