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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

8853 LAZY RIVER LOOP UNIT #329 Document Number, (if known): Business Name Pick up time_____ Walk in Will wait Photocopy ___ Mail out Certified Copy of the Articles of Organization Certificate of Status **AMMENDMENTS NEW FILINGS** Amendment Profit Not for Profit Designation of R.A. Officer/Director ___Change of Registered Agent. Limited Liability Revocation of Dissolution 🖹 Domestication ___Merger Other __Conversion **CORP** Amended and restated Afficles PLLC Statement of Authority REGISTERATION/QUALIFICATIONS OTHER FILINGS Foreign filing Annual Report _Limited Partnership Reinstatement Fictitious Name Other

EXAMINIER'S INITIALS:

APOSTILLE() _ Country



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2023

SIGNAL 88 SECURITY OF NEW PORT RICHEY LLC

8853 LAZY RIVER LOOP UNIT # #329 NEW PORT RICHEY, FL 34655

02092301024016

Subject: SIGNAL 88 SECURITY OF NEW PORT RICHEY LLC

RE: 423A00003252

We have received your document for the above Fictitious Name and your check(s) totaling \$60.00; however, the document has not been filed and is being returned for the following:

IT APPEAR YOU ARE TRYING TO CHANGE THE NAME OF YOUR LLC. IN ORDER TO CHANGE THE NAME OF YOUR LLC YOU MUST FILE AN AMENDMENT. IF YOU JUST WANT TO REGISTER A NEW FICTITIOUS NAME FILL OUT SECTION 1-3 ONLY

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Theresa R Wilson Reinstatement Section Division of Corporations

Letter No. 423A00003252

www.sunbiz.org

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Signal 88 Security of New Port Richey LL C Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person

Signal of New Port Thicky LLC

Firm/Company

8853 Lazy River Loop Unit #329

Address

New Port Richay FL 346SS

City/State and Zip Code

Jhawkins @ team Signal.com

E-mail address. (to be used for fibric annual report notification)

For further information concerning this matter, please call:

James Hankins at (717) 364-5731

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

[] \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 Filing Fce, 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

Signal 88 Sewrity 08 (Name of the Limited Liability Compan (A Florida Limited Li	New Port Richey y as it now appears on our records.) ability Company)	LLC_
The Articles of Organization for this Limited Liability Company v	were filed on <u>1/8/20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name		obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FEB T
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	zip Coue

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 afnending 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
			Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be solve: If the date inserted in this block does not meet the a	pplicable s	of filing or m tatutory filin	ore than 90 da g requiremen	(optional) ys after filing. hts, this date) Pursuant to 6 will not be li	605.0207 (isted as t
locument's effective date on the Department of State's rec	cords.					
record specifies a delayed effective date, but not an effecti d is filed.	tive time, a	t 12:01 a.m.	on the earlie	rof:(b) Th	e 90th day af	fter the
Dated 2/17/2023 .	<u> </u>					
12 Miles						
Signature of a member or	r authorized	representative	of a member			
James R. Han Typed or		 				