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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO: Registration So Division of Cor					
	JRITY GROUP LLC			•	
SUBJECT:	Name of Lim	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:			
	ANDRES R. QUINTANA	CORDEIRO			
		Name of Person			
	BNP SECURITY GROUP	LLC		ζ <u>γ</u>	
		Firm/Company		CR AL	
	13501 SW 136TH STREE	T. SUITE # 211.		7. 2 ET3 1. 2	
		Address	***	A.C.	
	MIAMI, FL 33186			CE SI	
	BNPGROUP@AOL.COM	City/State and Zip Code	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	FATE	
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	·			
ANDRES R. QUINTAN	A CORDEIRO	888 706 - 0605			
Name o	l Person	Area Code Daytin	ie Telephone Number	<del>.</del>	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	cate of Status &	
Mailing Addres		Street Address:			
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632	•	The Centre of 1	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNP SECURITY GROUP LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/22/2020}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13501 SW 136th Street. Suite # 211 Enter new principal offices address, if applicable: Miami, FL 33186 (Principal office address MUST BE A STREET ADDRESS)  $\square \omega$ 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 records, enter the name of the new registered agent and/or the new registered office address here: -NO CHANGES-Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

-NO CHANGES-

-NO CHANGES-

Enter Florida street address

\_. Florida -NO CHANGES-Zip Code 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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			□Remove
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d is filed	1.	d effective date, but			t 12:01 a.m. (	on the earlier (	of: (b) T	The 90th d	lay after	r the
Dated	July	21st	<u>20</u>	)22 <sub>1</sub>	/					
		Signature (	of a member	oliumorized	representative	of a member			<del></del>	
			EIRO	1						

Filing Fee: \$25.00