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| (Requestor's Name) (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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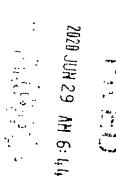
Office Use Only



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| TO: | Registration Se Division of Cor | | | | | |
|-----------------------------------|---|--|---|--|--|--|
| Contra nuc | **** · | rity Services & Training Cen | iter LLC | | | |
| SUBJE | GI: | Name of Lin | nited Liability Company | | | |
| | | Amendment and fee(s) are sub | _ | | | |
| | | Salnave Laguerre | ū | | | |
| | | | Name of Person | | | |
| | | TLC Security Services & | Training Center LLC | | | |
| Firm/Company | | | | | | |
| 6220 S Orange Blossom Trl Ste 164 | | | | | | |
| Address | | | | | | |
| | | Orlando, FL 32809 | | | | |
| | | Isalnave2004@yahoo.fr | City/State and Zip Code | | | |
| | Name of Person TLC Security Services & Training Center LLC Firm/Company 6220 S Orange Blossom Trl Ste 164 Address Orlando, FL 32809 City/State and Zip Code Isalnave2004@yahoo.fr E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: alnave Laguerre 321 9450100 | | fication) | | | |
| For furth | er information co | oncerning this matter, please c | all: | | | |
| Salnave | e Laguerre | | , | | | |
| | Name of | Person | Area Code Daytime | e Telephone Number | | |
| Enclosed | l is a check for th | e 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 | <u>s:</u> | Street Address: | | | |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| any as it now appears on our records.) Liability Company) |
|--|
| Vivience filed on 01/24/2020 and assigned and assigned |
| |
| bility company here: |
| |
| ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| N/A |
| N/A |
| N/A N/A address on our records, enter the name of the new registered |
| |
| |
| |
| Enter Florida street address |
| , Florida |
| |

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 |
|--------------|-------------|---------|----------------|
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| ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this blococument's effective date on the Dep | e specific and cannot be k does not meet the a | pplicable statuto | ing or more than 90 d ry filing requireme | _ (optional) ays after filing.) Pursua nts. this date will no | nt to 605.0207 (t be listed as t |
| record specifies a delayed effective of is filed. | date, but not an effect | ive time, at 12:0 | I a.m. on the earlie | er of: (b) The 90th (| day after the |
| June 23 ated | 2020 | · | | | |
| | 1 | retale | | | |
| | gnature of a member of | | | | |

Filing Fee: \$25.00