

L200000036057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

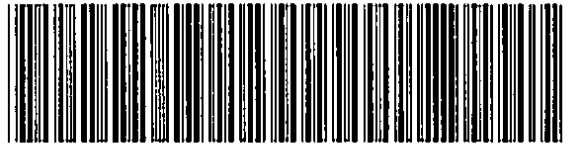
(Business Entity Name)

(Document Number)

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APR 01 2020  
S. YOUNG

DEPARTMENT OF STATE  
CLERK OF CORPORATION  
MASSACHUSETTS

2020 MAR 17 AM 8:07

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHARTRAND AND FORD SECURITY SERVICES LLC  
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:

STEVEN FORD  
Name of Person

CHARTRAND AND FORD SECURITY SERVICES LLC  
Firm/Company

1170 TALON WAY  
Address

MELBOURNE, FL 32934  
City/State and Zip Code

elite\_esf@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN FORD at ( 321 ) 514-0034  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

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

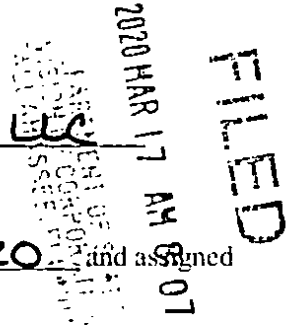
**Street Address:**

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

CHARTRAND AND FORD SECURITY SERVICES 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 02/06/2020 and assigned  
Florida document number L20000036057

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."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

AMBR	CHARTRAND, DAVID A.	1170 TALON WAY	<input type="checkbox"/> Add
		MELBOURNE, FL 32934	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMENDMENT MADE FOR PURPOSE OF REGISTERING  
COMPANY AS A SERVICE DISABLED VETERAN  
OWNED SMALL BUSINESS (SDVOSB). IN WHICH,  
THE VETERAN (STEVEN FORD) IS THE MANAGER,  
AND THE NON-VETERAN (DAVID CHARTRAND)  
IS THE AUTHORIZED MEMBER. ALSO, PLEASE  
LIST OWNERSHIP OF COMPANY AS STEVEN  
FORD OWNS 51% OF COMPANY, AND  
DAVID CHARTRAND OWNS 49% OF CHARTRAND  
AND FORD SECURITY SERVICES LLC, DBA  
ELITE SECURITY FORCES.

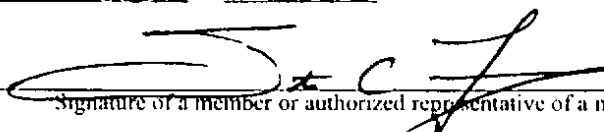
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MARCH 13 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

STEVEN FORD  
\_\_\_\_\_  
Typed or printed name of signee