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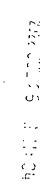
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(Document Number)
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## COVERLETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

ыест: <u> </u>	XTROT SECUR	ITY SERVICE, &	hc_
•	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
se return all correspo	endence concerning this matter	to the following:	
	RICK	/ MARTIN Name of Person	
	FOXTRE	7 SECRITY SER	VICE :
		· YOUNG CIRCK Address	;
	HOLLY WOO.	D, FL 33020 Cily/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	FOXTROTS EC. E-mail address: (	SVC (B) GMAIL . Co	ilication)
further information e	oncerning this matter, please c		
RICH V Name o	MAPVT/N f Person	at ( <u>305</u> ) <u>495</u> Area Code Daytin	re Telephone Number
osed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	.7	The Centre of	Fallahassee Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOXTROT SECURITY SEA (Name of the Limited Liability Compa (A Florida Limited I		
(A Florida Limited I	Liability Company)	
Articles of Organization for this Limited Liability Company ida document number <u>Li 20000097205</u>	were filed on <u>04/06/2020</u>	and assigned
amendment is submitted to amend the following:		. 292
f amending name, enter the new name of the limited liab	ility company here:	10 m
new name must be distinguishable and contain the words "Limited Liabil		
new name milst be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation`"L.L.C.`'
er new principal offices address, if applicable:	18181 NE 31 ST CT #908 AVENTURA, FL 3310	
ncipal office address MUST BE A STREET ADDRESS)	#908	
	AVENTURA, FL 3311	<u>(0()</u>
er new mailing address, if applicable:	1761 N YOUNG CIRC	LE
iling address MAY BE A POST OFFICE BOX)	STE 3-139	
	STE 3-139 HOLLYWOOD, FL 33	020
f amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the name	of the new registere
Name of New Registered Agent:	<i>l</i> A	
New Registered Office Address: N/	Enter Florida street address	<del> </del>
	/ <i>A</i> Florida	NA
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and expt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager 4BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>	N/A	N/A	□Add
		<del></del>	□Remove
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	7. 2
e, if other than the date of filing: $\frac{0.7/2020}{2000}$ ate is listed, the date must be specific and cannot be prior to date of filing or more than late inserted in this block does not meet the applicable statutory filing require Tective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.02 ements, this date will not be listed
fies a delayed effective date, but not an effective time, at 12:01 a.m. on the c	arlier of: (b) The 90th day after the
7/12/2020 2022y  Signature of a member or authorized representative of a mer	mber