

170000,83912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

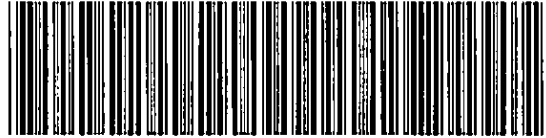
(Business Entity Name)

(Document Number)

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09/19/20--01011--013 \*\*25.00

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C. GOLDEN

OCT - 4 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Change of title to member and add manager  
\_\_\_\_\_

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:

Kelvin Jimenez

\_\_\_\_\_  
Name of Person

LLI Security Services LLC

\_\_\_\_\_  
Firm/Company

1717 S. US Highway 1

\_\_\_\_\_  
Address

Fort Pierce, FL 34982

\_\_\_\_\_  
City/State and Zip Code

LLIServicesLLC2020@Gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelvin Jimenez

717 278-4211

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

☐ \$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:**

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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Fort Pierce, FL 34982

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

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>     | <u>Address</u>                                 | <u>Type of Action</u>                      |
|--------------|-----------------|--|--|
| Member       | Kelvin Jimenez  | 2695 Rockcrest Court, West Palm Beach, FL 3341 | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input checked="" type="checkbox"/> Change |
| Manager      | Toshina Jimenez | 2695 Rockcrest Court, West Palm Beach, FL 3341 | <input checked="" type="checkbox"/> Add    |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**