L20000198196

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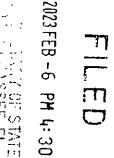




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COVER LETTER

TO:

Registration Section Division of Corporations

	Security Consultants, LLC				
SUBJECT:	Name of Lin	nted Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	omatted for filing			
Please return all correspo	ondence concerning this matter	to the following			
	Ronald Thurston				
	Name of Person				
Thurston & Sons Security Consultants, LLC					
	FuniCompany				
	571 NW 21st Court				
		Address			
	Pompano Beach / FL 3306	(A)			
		City/State and Zip Code			
	han671@gmail.com				
	fi-mail address (to be used for future annual report not	(fication)		
For further information e	oncerning this matter, please c	all			
Ronald Thurston		954 691-6019			
Name o	d Person	at () Area Code Duytin	ne Telephone Number		
Enclosed is a check for the	he following amount				
■ \$25,00 Filing Fee	S30 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	Street Address: Registration Sc			
Division of C P.O. Box 632		Division of Co The Centre of			
Tallahassee, l			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Flight Security Consultants, 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 $\frac{07/17/20}{}$ and assigned Florida document number 1.20000198196 This amendment is submitted to amend the following A. If amending name, enter the new name of the limited liability company here: Thurston & Sons Security Consultants, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 . Cin

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

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>	Name	Address	Type of Action
***			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
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effective date, if other than the effective date is listed, the date mis e: If the date inserted in this blument's effective date on the Di	ock does not meet the app	olicable statutory filing i	(optional); than 90 days after filing) P requirements, this date wi	ursuant to 605 0 41 not be listed
cord specifies a delayed effectiv ifiled	e date, but not an effectiv	e time, at 12 01 a m on	the earlier of (b). The S	Kith day after t
February 1.	2023			
Lona	i frish			
	Signature of a member or a	ithorized representative of	a member	
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Filing Fee: \$25.00