620000205251

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(DUSINESS ETIMY Name)
(Document Number)
Certified Copies Certificates of Status
-
Special Instructions to Filing Officer:
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September 18, 2024

BETTY CAY STANFORD ENABLE SECURITY LLC 1000 N 58 AVE HOLLYWOOD, FL 33021

SUBJECT: ENABLE SECURITY LLC

Ref. Number: L20000205251

We have received your document for ENABLE SECURITY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 124A00020951

RUSSELL L HUNT Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Cor			
end inz	Enable Sec	urity LLC		
SUBJEC	-li	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Betty Cay Stanford		
			Name of Person	
		Enable Securty LLC		
			Firm/Company	
		1000 N 58 Ave		
			Address	
		Hollywood, Fl 33021		
			City/State and Zip Code	
		Enable.securities@gmail.co	om to be used for future annual repo	et matification)
For furth	er information c	oncerning this matter, please c	·	To House Carlotty
Betty Ca	ıy Stanford		954 292-12	24
	Name o	f Person	at () Area Code	Paytime Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre	
	Registration S Division of C		Registratio Division of	n Section Corporations
	P.O. Box 632	=		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021 00 / 1 / 2 / 1 / 1 / 2 /

Enable Security LLC

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

(A Florida Chini	ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number 1.20000205251	any were filed on 01/25/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter</u>	the name of the new regist
agent and/or the new registered office address here:		
Manna of Man Danistana I Amara		
Name of New Registered Agent;		
New Registered Office Address:	Enter Florida street addres	
	enter r torida street addres	XX
	, FI	orida 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 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
MGR	James R Malsbury	5715 Sheridan St	
		Hollywood, Fl	≣Remove
			□Change
Mgr	Joyce D Williams	12173 Sheridan St	= Add
		Cooper City, Fl 33026	□Remove
-			□ Change
· · · · · · · · · · · · · · · · · · ·			
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			Remove
			Chango

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fective date, if other thar	the date of filing: 9/10/24 (o	ptional)
n effective date is listed, the dat	must be specific and cannot be prior to date of filing or more than 90 days a is block does not meet the applicable statutory filing requirements,	
	ne Department of State's records.	and the second of the second o
	ective date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
is filed.		
9/5	2024	
	2024	
9/5	Both Com Stanford	
9/5	Beth Cay Stanford Signature of Amember of authorized representative of a member	