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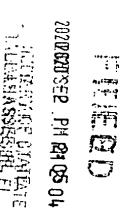
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COVER LETTER

TO: Registration Se Division of Cor	porations _		
SUBJECT:	IES Security	Services LLC	
, ,	Name of Lim	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Markice C	O. Hayes Name of Person	<u></u>
	HayEs Sec	EUVILY Services	110
	B43 Balla	rd St. Apt.	E
	Altamonte.	Dring Fl 327 City/Splite and Zip Code	201
	E-mail address:	to be used for future annual report notif	ication)
For further information of Markire A	oncerning this matter, please c	all:at (<u>407</u>) <u>558</u> Area Code Daytime	-77-10
Name o	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAVES Security Ser	vices	110		
(<u>Name of the Limited Lighility Compa</u> (A Florida Limited I	ny as it now apr .iability Compar	oears on our rec	sords.)	
The Articles of Organization for this Limited Liability Company Torida document number		α / α	$\frac{1}{2020}$ and assigned	
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ility company	here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," th	te designation "I	LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
, , , , , , , , , , , , , , , , , , , ,			202 202 	
Interneus mailing achdress if annies block			SES SES	*" #}
Inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on ou	r records, <u>en</u> t	ter the name of the new register	<u></u> j
Name of New Registered Agent:				
New Registered Office Address:				
rea registered office rodgess.	Enter Florida street address		dress	
			Florida	
	Ciţy	<u> </u>	Florida	
ew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for i	of my duties, n Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is	re

If Changing Registered Agent, Signature of New Registered Agent

1GR = Manager .MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action	<u>on</u>
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ective date, if other than effective date is listed, the date	the date of filing must be specific and	: cannot be prior to	late of filing or more	(option than 90 days after t	nal) iling.) Pursuant to 6	605,020
e: If the date inserted in th ument's effective date on the	is block does not m	eet the applicabl				
	ective date, but not a	in effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day at	fter the
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cord specifies a delayed efficient stilled. ed	Signature of a m	2020 Jacque control or authorize	ed representative of	a member		

Filing Fee: \$25.00