Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000001110 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BARLESTON SECURITY SERVICES LLC

Certificate of Status	0
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T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

1AHP 1P5 2024

TO:

Registration Section

## **COVER LETTER**

(((H24000001110 3)))

Division of Co	orporations		
SUBJECT:	BARLESTON SEC	CURITY SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filling.	
Please return all corresp	condence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	<del></del>	Firm/Company	<u> </u>
	17350 STATE HWY 2		
		Address	
	HOUSTON TX, 770	64 City/State and Zip Code	
	EFILE1234@INCFILE		(lication)
For further information	concerning this matter, please c	all:	
LOVETTE DOBSO		at (1/Area Code) 888-462-3	453
Name	of Person	Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

(((H24000001110 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CURITY SERVICES		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp		00/05/0000	and assigned
Florida document numberL20000263849			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	<b>≧</b> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	ignation "LLC" or the abbi	eviation "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 offi	ico addross on aur roc	ards antar the name	of the new registered
agent and/or the new registered office address here:	ice address on our reco	orus, enter the hame	or the new registered
		`, `,	
Name of New Registered Agent:			pa
New Registered Office Address:			
Test regimened of the reading.	Enter Floride	a street address	<b>→</b> ⊆
		, Florida	. <u> </u>
	City	a street address, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Register	ent:		. · · · · ·
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this ca lete performance of m as provided for in Ch	pacity, 1 Jurther agre y duties, and 1 am fa apter 605, F.S. Or, ij	e to comply with the miliar with and this document is

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: (((H24000001110 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MICHELLE BARLESTON	7853 GUNN HIGHWAY #122	□Add
		TAMPA, FL 33626	⊠Remove
			[ Change
			🗀 Add
			□Remove
			☐Change
			□Add
			□Remove
		☐ Change	
			□Add
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fective date, if other than the on effective date is listed, the date must get: If the date inserted in this blockment's effective date on the De	ck does not meet the applicable	(opti te of filing or more than 90 days afte statutory filing requirements, th	onal) r filing.) Pursuant to 605,0207 (, s date will not be listed as th
record specifies a delayed effective is filed.	date, but not an effective time, a	n 12:01 a.m. on the earlier of: (l	The 90th day after the
led January 3rd	2024		
	Antonia Bar	Cotte-ra	
		representative or a memori	

Filing Fee: \$25.00