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COVER LETTER

TO: Registration S Division of Co			
	GUARDS SERVICES LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	BEATRIZ CRUZ		
		Name of Person	
	BC ACCOUNTING LLC		
		Firm/Company	· · · · · · ·
	1150 NW 72 AVE SUITE	425	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	
	BEATRIZ@BC-ACCOUN E-mail address: (TING.ORG to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
BEATRIZ CRUZ		786 444-5044	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
☐ S25.00 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 enclose
Mailing Addre		Street Address:	action
Registration Section Division of Corporations		Registration S Division of Co	orporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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S AND P GUARDS SERVICES LLC	~ 52
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 09/22/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6095 NW 25 AVE MIAMI, FL 33142
(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 a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
	5 NW 25 ave Miam, FL 3314;
M	iam. Florida FL 33142 City 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 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>	Address	Type of Action
AMBR	JULIO FERNANDEZ	6095 NW 25 AVE MIAMI, FL 33142	
			□Remove
			□Change
MGR	SAHILY FAJARDO		□Add
		1821 SW 107 AVE MIAMI, FL 33165	Remove
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: I	tive date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	0/25/2022
	Signature of a member or authorized representative of a member
	SAHILY FAJARDO
	Typed or printed name of signee

Filing Fee: \$25.00