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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
	GHT GUARDS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KERRY ROSICLAIR		
		Name of Person	
	OVERNIGHT GUARDS.	LLC	
		Firm/Company	
	3469 W. BOYNTON BEA	CH BLVD., SUITE 2 PMB 1032	
		Address	
	BOYNTON BEACH, FL 3	3436	
		City/State and Zip Code	
	OVERNIGHTGUARDS@C		
	E-mail address. (t	o be used for future annual report notification)	
For further information of	concerning this matter, please ca	II:	
KERRY ROSICLAIR		786 886-9489	
Name (r Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	70.
Mailing Addres Registration 9 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Registration Section Division of Corporations The Centre of Tallahassee	MAR 22 A II: 23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OVERNIGHT GUARDS, 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 01/08/2021 _____ and assigned Florida document number | L21000022040 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 accument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited line it is 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
MGR	IRACE, FRANCETTE	3469 W. BOYNTON BEACH BLVD	□ Add
		SUITE 2	≡ Remove
		BOYNTON BEACH, FL 33436	□Change
			□Add
			■Remove
			□Change
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Fective date, if other than the date an effective date is listed, the date must be sote: If the date inserted in this block concument's effective date on the Depart	e of filing: specific and cannot be p does not meet the app	olicable statutory f	or more than 90 days iling requirements.	, this date will not	nt to 605,020 t be listed a
ecord specifies a delayed effective dat is filed.	le, but not an effectiv	e time, at 12:01 a.	m, on the earlier o	- "	legafier th
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Filing Fee: \$25.00