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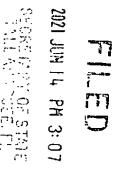
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:	Name of Limi	ted Liability Company	+,LC		
	mendment and fee(s) are subt				
Please return all correspon	dence concerning this matter t	to the following:			
	Samueli	Name of Person			
	Sena Ser	Firm/Company	ement.	2021 JUN 14 PM 3: 0	
	24090 SW 115	5th Ave Address		1000年	
	Homestead,	FL 33032 City/State and Zip Code		3: 07 STATE 5: FIL	•
	Sem Olo	amai I. com to be used for future annual report notif	ication)		
For further information co	ncerning this matter, please ca	all:			
Somuelita T Name of	Jones Person	at ( <u>786</u> ) <u>538 –</u> Area Code Daytime	5999 Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

Serva Security S	pany as it now appears on our records.) I Liability Company)	) <del></del>
A Florida Limited  The Articles of Organization for this Limited Liability Compan		and assigned
Florida document number <u>L 210000267.33</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Bush Moster Security The new name must be distinguishable and contain the words "Limited Liab	pility Company "the decimation "LLC" or	the obligation of LC"
Enter new principal offices address, if applicable:	omy company, the designation 1550 of	: 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13
	-	
(Principal office address MUST BE A STREET ADDRESS)		
		F
		The many
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		75 9
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 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 Title **Name Address** Type of Action MGR Allen Sena 24090 sw 115th Ave DAdd Homestead, FL 33032 □ Change MGR Jean L. Sena 24090 SW 115th Ave ZAdd Homestead, FL 33032 Remove □Remove \_\_\_\_\_ Change \_\_\_ □Add □ Change Remove Remove

\_\_\_\_\_ □ Change

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ecord specifies a	delayed effective (	date, but not an	effective time,	at 12:01 a.m. or	n the earlier of: (	b) The 90th da	ly after the
is filed.							
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