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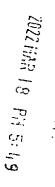
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| PICK-UP                       | WAIT             | MAIL         |
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| Certified Copies              | Certificates c   | of Status    |
| Special Instructions to Filin | ng Officer:      |              |
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## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| 0.113.11.6783                          | Gladiato                                     | r Security, LLC   | ·  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  |  | Brian Andersen  |  |
|  |  | Name of Person  |  |
|  |  | Firm/Company  | <del></del>  |
|  |  | 1655 Palmer Avenue  |  |
|  |  | Address   |  |
|  |  | Winter Park, FL 32789   |  |
|  |  | City/State and Zip Code   |  |
|  |  | andersensmile@gmail.com<br>to be used for future annual report no   | tification)  |
| For further information c              | oncerning this matter, please co             | all:  |  |
| Brian Andersen                         |  | 407 955-2720<br>at ( )  |  |
| Name o                                 | f Person                                     | Area Code Daytir  | me Telephone Number  |
| Enclosed is a check for the            | he 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 Addres Registration S          |  | <u>Street Address:</u><br>Registration So                           | ection   |
| Division of Corporations               |  | Division of Co  | prporations  |
| P.O. Box 632<br>Tallahassee, 1         |  | The Centre of   | Tallahassee<br>oe Street, Suite 810  |
| rananassee, i                          | 1 12 323 14                                  | 2413 N. MOIII   | oc street, suite of the  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

|   | Gladiator Security, LLC2022 Fil. 2 18 PM 5: 1,9   |
|---|---|
| (Name of the Limited (A   | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liabi                             | ility Company were filed on 1/25/2021 and assigned                                      |
| Florida document number L21000045974  |   |
| This amendment is submitted to amend the following                              | ing:  |
| A. If amending name, enter the new name of th                                   | e limited liability company here:   |
|   | Andersen Advisory, LLC  |
| The new name must be distinguishable and contain the word                       | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."       |
| Enter new principal offices address, if applicabl                               | le:   |
| (Principal office address MUST BE A STREET A                                    | 4DDRESS)  |
| Enter new mailing address, if applicable:                                       |   |
| Mailing address MAY BE A POST OFFICE BO   |   |
| maning address mai bit at tost of fice bo                                       | <u></u>   |
|   |   |
| B. If amending the registered agent and/or regi                                 | istered office address on our records, enter the name of the new regis                  |
|   | · · · · · · · · · · · · · · · · · · ·   |
|   |   |
| agent and/or the new registered office address h                                | nere:   |
| agent and/or the new registered office address h  Name of New 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 2022 1141 18 Ft. 5: 1,9 | Type of Action |
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| fective date, if other than th                                       | e date of filing: (optional)  |
| n effective date is listed, the date m                               | ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  |
| ote: If the date inserted in this becoment's effective date on the I | lock does not meet the applicable statutory filing requirements, this date will not be listed as<br>Department of State's records   |
| James Serven ve date on the L  | repartment of date 3 records.   |
|  | and the bound of the first of the second of |
| is filed.  | we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
|  |   |
| March 15   | 2021  |
|  |   |
|  | 12 Co   |
|  | Signature of a member or authorized representative of a member  |
|  |   |
|  | Brian Andersen  |
|  | Typed or printed name of signee   |

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