

L21000045974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

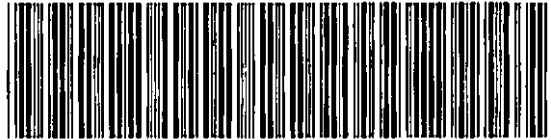
(Business Entity Name)

(Document Number)

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6/18/21  
[Signature]

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2021 MAY 12 AM 8:26

FILE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gladiator Security, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheri Andersen  
Name of Person  
Gladiator Security, LLC  
Firm/Company  
1655 Palmer Avenue  
Address  
Winter Park, FL 32789  
City/State and Zip Code  
andersensmile@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheri Andersen 772 539-2090  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

Gladiator Security, LLC NC 03/18/21 Andersen Advise  
(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 2/1/2021 and assigned  
Florida document number L21000045974.

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 "L.L.C."

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: Sheri Andersen

New Registered Office Address: 1655 Palmer Avenue  
*Enter Florida street address*

Winter Park, Florida 32789  
*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.*

Sheri Andersen  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
MAR 8 2021  
CLERK

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Andersen	1655 Palmer Avenue	<input type="checkbox"/> Add
		Winter Park, FL 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sheri Andersen	1655 Palmer Avenue	<input checked="" type="checkbox"/> Add
		Winter Park, FL 32789	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2021 Nov 12 8:36 PM  
10/21/2021 8:36 PM

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5/1/2021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 10th, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee Sheri Andersen / Brian Andersen 8:27

Typed or printed name of signee

2021 MAY 12 AM 8:27