

L21000041861

(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

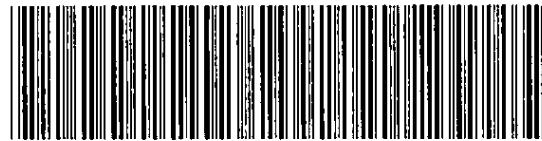
(Business Entity Name) _____

(Document Number) _____

10 Copies _____ Certificates of Status _____

1.1 Instructions to Filing Officer:

Office Use Only



500405301025

06/28/23--01001--029 *25.00

RECEIVED
FILED
2023 MAR 28 AM 10:11
2023 MAR 28 AM 11:11
DIVERGENCE
DIVISION OF PROFESSIONAL
REGULATIONS
FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
312812023
of 312812023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Gable Security LLC
Name of Limited Liability Company

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:

Shawn Smith Name of Person

Name of Person

GreenTable Security LLC
Firm/Company

THE
Film Company

500 NW 36th St

1460

Miami, FL, 33127

1144 W. S. L.

View the [final report](#) (including the executive summary, report, and appendices).

For further information concerning this matter, please call:

Shawn Smith at (786) 307 3526
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mail-in 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

FILED

2023 MAR 28 AM 11:33

Green Cable Security LLC

(Name of the Limited Liability Company as it now appears on our records) STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/22/2021 and assigned Florida document number L21000048861.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

All Night Security team LLC

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)

1874 Nena Hills Dr
Tallahassee, FL 32304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1874 Nena Hills Dr
Tallahassee, FL 32304

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:

Shawn Smith
1874 Nena Hills Dr
Enter Florida street address
Tallahassee, Florida 32304
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.

Shawn Smith
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:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lester Smith	500 NW 36 th ST #513	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMGR	Shawn Smith	500 NW 36 th ST #513	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMGR	Sadia Alhassan	1899 Nine Hills Dr Tallahassee, FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. Effective date, if other than the date of filing: _____ (optional)
(if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)
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.

! The record 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
! record is filed.

Dated 03/28/23, 2023

Amor Gupte
Signature of a member or authorized representative of a member