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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
ENGEL PU SUBJECT:	JBLC SAFETY MANAGEME	NT LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company fee(s) are submitted for filing. Ing this matter to the following: ENGEL		
Please return all correspo	ondence concerning this matter	to the following:		
	NORMAN A. ENGEL			
		Name of Person		
		Firm/Company		
	791 S.W. 4TH STREET			
		Address		
	BOCA RATON, FL 3348	5		
	NORMENGEL53@GMAII	·		
	E-mail address: (to be used for future annual report notification	ation)	
For further information c	oncerning this matter, please ea	all:		
TAMMY L. SCHMIDT			Г. 202	
Name of Person		Area Code Daytime T	clephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres			on.	
Registration Section Division of Corporations		- The state of the		
P.O. Box 6327				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENGEL PUBLC SAFETY MANAGEMENT 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 $\frac{2/10/21}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
ENGEL PUBLIC SAFETY MANAGEMENT LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e 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 nagent and/or the new registered office address here:	ame of the new registere
Name of New Registered Agent:	
New Registered Office Address:	· .
Enter Florida street address	:
Florida	
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 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>	Name	Address	Type of Action
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			□Remove
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Note: If	e date, if other the tive date is listed, the fate inserted int's effective date of	n this block does	ic and cannot be pri- not meet the appl	or to date of tiling o icable statutory fi	r more than 90 day	e after filing) Pureus	int to 605.0207 of be listed as
e record rd is filed	specifies a delayed d.	effective date, bu	t not an effective	time, at 12:01 a.r	n. on the earlier	of: (b) The 90th	day after the
Dated _	5/3			·			
	11.0	Signature	of a member or aut	horized representat	ive of a member		
	NORMAN A, E						
			Typed or prin	nted пате of signee	·	<u>-</u>	

Filing Fee: \$25.00