# L21000080737

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PICK-UP	WAIT MAIL
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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/11/2021	-		**WALK IN**
VARGA	S PROTECTION & II	NVESTIGATIVE SERVICES LLC	WALK IIV
ENTITY NAME VANGA		NVESTIGATIVE SERVICES LLC	
DOCUMENT NUMBER_			
	**PLEASE FILE TH	IE ATTACHED AND RETURN**	
xxxx	Plain Copy		1
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	Certificate of Status	•	•
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	**APOSTILLE' / N	IOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA			<u>-</u>
		A CCOLINE #. 1004C0000070	
TOTAL OWED \$25.00		ACCOUNT #: I20160000072	
Please call Tina at ti	he above number for	any issues or concerns. Thank you so m	ruch!

#### **COVER LETTER**

	gistration Sec vision of Corp			
(1115 H1/27T)	Vargas Prot	ection & Investigative Service	es LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	unitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Kelsey Polasek		
			Name of Person	
		ZenBusiness PBC		
			Firm/Company	
		5511 Parkerest Drive STE	Name of Person  Firm/Company  ive STE 207  Address  City/State and Zip Code siness.com iddress: (to be used for future annual report notification)  please call:  344  493-6249  at (	
			Address	
		Austin, Texas, 78731		illing.  wing:  of Person  Company  ddress  and Zip Code  r future annual report notification)  844
			· · · · ·	
		<del>-</del>		· · ·
For further i	nformation co		•	ication)
Kelsey Pola	isek c/o ZenBi	usiness PBC		
	Name of Person  ZenBusiness PBC  Firm/Company  5511 Parkerest Drive STE 207  Address  Austin, Texas, 78731  City/State and Zip Code fulfillment@zenbusiness.com  E-mail address: (to be used for future annual report notification)  rther information concerning this matter, please call:  y Polasek c/o ZenBusiness PBC  Name of Person  Area Code  Daytime Telephone Number			
Enclosed is	a check for the	e following amount:		
<b>■</b> \$25.00 l	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate 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**

1821 11 AH 9: 17

Vargas Protection & Investigative Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000080737	y were filed on 2/17/2021 and assignment	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	9100 Conroy Windermere Rd suite 200	
(Principal office address MUST BE A STREET ADDRESS)	Windermere, FL 34786	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Windermere, FL 34786	
	address an our records, antar the name of the new	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new	<u>regi</u>
	address on our records, enter the name or the new	<u>regi</u>
agent and/or the new registered office address here:	Enter Florida street address	<u>regi</u>
agent and/or the new registered office address here:  Name of New Registered Agent:		<u>regi</u>

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 = N AMBR = A	lanager Authorized Member	7.2 201 av.,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bernabe Vargas	9100 Conroy Windermere Rd suite 200	□Add
		Windermere, FL 34786	
			— EChange
<u></u>			□Add
			<u>£Voc. ni batio</u> 3 □Remove
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Effective date, if other than the if an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	t be specific and ca ock does not me	annot be prior to et the applicab	date of filing or r	nore than 90 (	_ (optional) Lays after factors, this	iling.) Purs	uant to 605.0207 not be listed as
e record specifies a delayed effective ed is filed.	e date, but not ar	n effective time	e, at 12:01 a.m.	on the earlie	er of: (b)	The 90t	h day after the
Dated May 10	·	2021					
/s/ Bernabe Varga							
	Signature of a me	mbar or authoric	1 7	<del>,</del> ,			
	organitate of a file	moer of authori.	zea representativ	e of a member	•		

Filing Fee: \$25.00