121000089303

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300371408263

08/11/21--01010--029 **30.00

FILED

ZDZI AUG 11 PM 3: 29

SEGREFIER OF STATE



COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: FIY	st a Respond	gervices	
SUBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandro	Rodriguez Name of Person	
		Name of Person	
	First 2	Respond Scruces	2021 AUG 11 PM 3: 29 SECRIF STATE ST
		Firm/Company	
	2517 415	'sī W	
		Address	
	1 ohion 1	Icres FL 3397	3; 2 5 T.A. 2
	Testi de la	City/State and Zip Code	1 E 9
	Firsta Respo		1.com
	E-mail address: (nuservices 6 9 mail (to be used for future annual report notified)	cation)
For further information e	oncerning this matter, please c	all:	
Sandra	Rodriguez	at (<u>239</u>) <u>288 - 3</u> Area Code <u>Daytime</u>	7523
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☑\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5	_	Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of Ta	ıllahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First 2 Kespond Service	es rrc	
(Name of the Limited Liability Compa- (A Florida Limited L	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number <u>LQ1000089363</u> .	were filed on $\frac{02\sqrt{23} 302 }{}$ and	l assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
First 2 Respond Security Sene new name must be distinguishable and contain the words "Limited Liabil	coices LLC & &	3
	ity Company," the designation "LLC" or the above viated and the company of the designation "LLC" or the above via to the company."	n "L.I <u>.C."</u>
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)	7.7. 20. T. 20. T. I.	3 1 1
	्राप्त ज ज्ञान	
	TATE FL	3
nter new mailing address, if applicable:		, ————
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a	ddress on our records. enter the name of the	new register
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	, Florida	
	City Zin Ci	ade

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 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
MGR	Barbara L Marrero	200 Coolidge Aue Lehigh Acro FLS	<u>773</u> 63811dd
			□Remove
			□Change
			🗆 Add
			Remove
		SECRETARY O	Change Change Add Remove Change
		STATE ES. FL	
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
			🗆 Remove
			□Change

														
							·			·				
	····· · · · · · ·													_
														
							 							_
														
											 ,	Δ <u> </u>		<u> </u>
											77		2021	_
											- j-, 	HOT.	<u> </u>	
											E+ 173	=	_ [(Film)
-														-
											一声			
											1.1	<u></u>	•	_
****														_
-														_
Effective danself an effective Note: If the	date is liste date inser	d, the date ted in this	must be sp s block d	oes not r	d cannot neet the	be prior to applica	date of t	filing or m	ore than 9	0 days a				
document's	enective c	ate on the	: Departi	nent of S	state s r	ecorus.								
e record spec rd is filed.	aities a del	ayed effe	ctive date	, but not	an effe	etive tin	ne, at 12	:01 a.m. (on the ca	rlier of:	(b) Th	e 90th	day af	ter the
0	19ust	80	kcd 1		• —		_ ·							
Dated	~	//		,	Y	/ /	_							
Dated <u>Q</u>		\sum_{c}	Signa	ture of a i	member	رے۔ or author	zed repr	esentative	g a mem	her				

Filing Fee: \$25.00