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PICK-UP	WAIT	MAIL MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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SECRETARY OF STALLAHASSEE, FATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: A-TEAM, SECURITY SERVICES LLC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	FRANCIS GAILER JR Name of Person
	A-TEAM SECURITY SERVICES LLC Firm/Company
	6400 ThORMAN RD Address
	PORT Charlotte F-L. 33981 City/State and Zip Code
	SAIPERF & YAhoo, COM E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	FRANCIS GAILEL TR at (941) 662-6409 Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
≭ \$25	.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (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

A-TEAM SECURITY SERVICES ILC

(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 Florida document number 421000125592	$n = \frac{O3/10/2021}{}$ and a	issigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compan	y 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:	SECR		
(Principal office address MUST BE A STREET ADDRESS)	≥ jo		
	10		
Enter new mailing address, if applicable:	6: 0		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the name of the n</u>	ew registere	
Name of New Registered Agent:			
New Registered Office Address:			
Enter	Florida street address		
	Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	FRANCIS D. GAILER JR	6400 Thorman RD	ÄAdd
		6400 Thorman RD PORT CHARLOTTE	□ Remove
		FL. 33981	□Change
			□ Add
			□Remove
			□ Change
•			
			Remove
			□ Change
			□Add
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			☐ Change
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e date, if other than the date of filing: \(\frac{9}{20} \) \(\frac{5}{20} \) \(\frac{7}{20} \) \(\frac{7}{20} \) (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I nt's effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	date, if other than the date of filing: 9/08/2021 (optional) ive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.		ny other information, enter change(s) here: (Attach additional sheets, i	-
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Filing Fee: \$25.00