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COVER LETTER

	egistration So ivision of Co					
SUBJECT	•	RD SECURITY LLC				
SCORP.C	•	Name of Lir	mited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please retu	m al. correspo	ondence concerning this matter	t to the following:			
		Gerald B. Minniefield Jr.				
		 	Name of Person			
		Lionguard Security LLC				
			Firm/Company			
		2642 Rutledge Ct.				
			Address			
		Winter Haven, FL 33884				
			City/State and Zip Code			
		Geraldminniefield1214@gr				
		E-mail address: (to be used for future annual report noti	tication)		
For further	information c	oncerning this matter, please c	afl:			
Gerald B. M	finnictield Jr		407 335 - 2739 art ()			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	e 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)		
	ulling Address gistration S		<u>Street Address:</u> Registration Sec	ction		
Di	vision of Co	orporations	Division of Cor			
	D. Box 6321 Bahassan F		The Centre of T			
Taliahassee, FL 32314			2415 N. Monroe Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIONGUARD SECURITY LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000139898</u>	rere filed on 03/25/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the al	bhreviation "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 adagent and/or the new registered office address here:	dress on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		2021
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	記 Cole
New Registered Agent's Signature, if changing Registered Agent:	•	0: 2 2: 0: 2
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or,	familiar with and , if this document is

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>	<u>Name</u>	Address	Type of Action
AR	STEINMANN, KIRK E	127 RIP CORD LANE, DELAND, FL 32724	🗆 Add
			≡ Remove
			□Change
AMBR	STEINMANN, KIRK E	127 RIP CORD LANE, DELAND, FL 32724	🗆 Add
			■Remove
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	GERALD B. MINNIEF	IELD JR					

Filing Fee: \$25.00