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COVER LETTER

ΓΟ: Registration S Division of Co		•	•
SUBJECT:	1-00 - 0 <u>1-0</u>	coeity UC.	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Sian R Samuel Name of Person	Se
	7.0	Firm/Company Box 608801	2021 JUN 30 PM 1: 14 SEGRETARY OF STATI
		Address	PR C
	ORIA	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
	L Samuel Se of Person	at (<u>321</u>) <u>287~4</u> Area Code Daytim	352 e Telephone Number
Enclosed is a check for t	the following amount:		
≨25.00 Filing Fee	S30.00 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)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of O P.O. Box 63	Corporations	Division of Cor The Centre of T	porations
F.O. BOX 63.	۷1	THE COURT OF I	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000158539</u> .	were filed on 4-6-2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the appreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SK Security LEE 5 TT 4008 Golfside Dew F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORIANCO, 71 32808 ITT SK Secority LGG = 7.0.30x 608801 = ORIANCO, 71 32860
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registo</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
ı	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 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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