## K21000169647

	No.	
(Ke	questor's Name)	
(Ad	ldress)	
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(Či	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Wolf Secur	ity Enterprises, LLC		
SCBALCT.	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS ANGEL ROSA JR		
		Name of Person	
	Wolf Security Enterprises.	LLC Firm Company	
		. ,	
	3191 NW 133RD ST		
		Address	
	OPA LOCKA, FL 33054		
		City State and Zip Code	
	Luisrosajr@outlook.com E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
LUIS ANGEL ROSA JE	,	at ( 786 - ) \$036676	
	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>.s:</u>	<u>Street Address:</u>	
Registration !	Section	Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wolf Security Enterprises, LLC		<del> </del>
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	ı
The Articles of Organization for this Limited Liability Company	were filed on <u>04:12/2021</u>	and assigned
Florida document number <u>L21000169647</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Arch Security Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:	3191 NW 133RD ST	
(Mailing address MAY BE A POST OFFICE BOX)	OPA LOCKA, FL 33054	
B. If amending the registered agent and/or registered office :	iddress on our records, enter t	he name of the new register
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
3	Enter Florida sireet address	
	, Flor	rida
	City Flo	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		7- 7
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and T.S. Or, if this document is
peing mea to merely reflect a change in the registered office company has been notified in writing of this change.	and cos, 1 her cos conjusti men	Ö
		ē:
If Cha	nging 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
			□Add
			□Remove
			□Add
			□Remove
			☐Change
	in. or re-		□Add
			□Remove
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		Signature of a member or authorized representative of a member
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