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SECRETARY OF STATE



COVER LETTER

TO: Registration S Division of Co				
	urity and Investigations LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and feets) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Griffin Kelly			
		Name of Person		
	Tier 1 Security and Investig	gations LLC		
		Firm/Company	7021 5E.C	
	7643 Gate Pkwy		•- <u>-</u> 1	1
		Address	表 F	
	Jacksonville, FL 32256		PM L	
		City/State and Zip Code	TAT 0	
	Tier Linvestigativeservices@	genual.com to be used for future annual report notif	1	
For further information (concerning this matter, please ca			
Griffin Kelly		516 567-4078		
Name	of Person	at ()	Telephone Number	
Enclosed is a check for t	the 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)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee



Tier 1 Security and Investigations LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company florida document number $\frac{1.21000192811}{1.000192811}$	were filed on 04/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GT Security Services LLC		
he 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:		20 <u> </u>
Principal office address MUST BE A STREET ADDRESS)		10 P
		788 5 T
Inter new mailing address, if applicable:		SSS PX
•		
Mailing address MAY BE A POST OFFICE BOX)		72 2
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u> l	he name of the new regis
Name of New Registered Agent:	··	
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and add a characteristic act person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Effecti	ive date, if other the	ian the date of fi	iling:	2 414712		optional)	,	
Note:	If the date inserted in	n this block does n	iot meet the appli	cable statutory	or more man 30 day filing requirement	s, this date w	ill not b	pe listed a
docum	ent's effective date o	n the Department	of State's record:	S.				
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	ryarakan s		2021					
Dated _	October 8			·				
		1.6.40	11/11					
		Signature	if a member or auth	iorized represent	ative of a member	·		
	•	• • • •						
	Griffin Kelly							