# L210000203096

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## **COVER LETTER**

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	istration Sect ision of Corpo		e e	•	
SHEID ITOT.	A&B Securit	y Empire LLC			
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		Brian Carridice			
			Name of Person	<del></del>	
		A&B Security Empire LLC			
			Firm/Company		
		2114 Flamingo RD apt 574			
			Address		
		Pembroke Pines Florida 330	028		
			City/State and Zip Code		<del></del>
		Briancarridice@gmail.com			
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	nformation cor	cerning this matter, please ca	11:		
Brian Carrio	lice		305 399.	-1880	
	Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
\$25.001	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A& B Security Empire LLC (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 May 3rd and assigned Florida document number <u>L21000203096</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A&B Security Empire LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 2114 Flamingo RD Enter new principal offices address, if applicable: Apt 574 (Principal office address MUST BE A STREET ADDRESS) Pembroke Pines Florida 33028 2114 Flamingo RD Enter new mailing address, if applicable: Apt 574 (Mailing address MAY BE A POST OFFICE BOX) Pembroke Pines Florida 33028 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

### 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 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
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the correct name is "A&B Secur	ity Empire LLC"			
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Sective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prior to does not meet the applicable	date of filing or more that le statutory filing requ	(optional) in 90 days after filing.) Pursi direments, this date will r	uant to 605.020 not be listed as
cord specifies a delayed effective da s filed.	te, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th	i day after the
ed Thursday May 13th	2021	•		
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Filing Fee: \$25.00