L21000 207734

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COVER LETTER

Division of Cor	porations
Signal 13 F SUBJECT:	Private Investigation and Forensic Consultation, LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Heidi M Sievers
	Name of Person
	Signal 13 Private Investigation and Forensic Consultation, Inc.
	Firm/Company
	187 Dandelion Court
	Address
	Spring Hill, FL 34606
	City/State and Zip Code
	signal 3 prifc@gmail.com
For further information c	oncerning this matter, please call:
Heidi Sievers	727 247-4075
Name o	f Person Area Code Daytime Telephone Number
	1: 2:
Enclosed is a check for th	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signal 13 Private Investigation an			
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our red Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Florida document number L21000207734		y were filed on	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		<u></u>	
		,••	A
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
			E-
			12
B. If amending the registered agent and/or	registered office	address on our records, en	ter the name of the new registere
agent and/or the new registered office addr	ess here:		≒ ∪
	N/A		24
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street ad	Idrass
		City	, Florida

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>	<u>Name</u>	Address	Type of Action
MGR	Heidi M. Sievers	187 Dandelion Court, Spring Hill, FL 34606	≡ Add
			□Remove
			□Add
			Remove
			Change
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ective date, if other than the effective date is listed, the date must be: If the date inserted in this blument's effective date on the De	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuant to nents, this date will not be	605.0207 (listed as t
cord specifies a delayed effective s filed.	e date, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
ed May 20	2021			
		•		
1/1/2				_
-Whi-	Signature of a member or authoriz	ed representative of a memb	er	_