L21000207734

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COVER LETTER

TO: Registration Se Division of Cor			<i>.</i>	
	rivate Investigation and Forens	sic Consultation, LLC		
SUBJECT:	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:		
	Heidi M Sievers			
		Name of Person		
	Signal 13 Private Investiga	ntion and Forensic Consultation, In	c. <u>3</u> 5	2021 JUN 30 PM 1: 13 SECRETARY OF STATE
		Firm/Company	#T	
	187 Dandelion Court			JN 30 PM
		Address		SEP PA
	Spring Hill, FL 34606			
		City/State and Zip Code		π ω
	signal13pifc@gmail.com			
	E-mail address: (to be used for future annual report not	itication)	
For further information c	oncerning this matter, please c	all:		
Heidi Sievers		727 247-4075		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres		Street Address:	ection	
Registration (Division of C		Registration Sc Division of Co		
P.O. Box 6327		The Centre of	Fallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signal 13 Private Investigation and Forensic Consultation, 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 $\frac{05/04/2021}{2}$ and assigned Florida document number L21000207734 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Private Investigati Signal The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address Citv

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
			☐Remove
			Change
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ctive date, if other than the date of filing:	(optional than 90 days after filin	g.) Pursuant to	605,02
e: If the date inserted in this block does not meet the applicable statutory filing re	equirements, this dat	e will not be	listed
ament's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day	after tl
filed.	. ,	•	
2001			
ed June 25 2021.			
Signature of a member or authorized representative of	a member		<u>-</u> -

Filing Fee: \$25.00