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A. RAMSEY DEC 1 2 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Militant Security & Fugitive Recovery LLC Name of Linkted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Derrus Simmons Name of Person
Militant Secarity + Fugitive Recovery LLC
1512 INWEGILLY Address
Tall Massey F1 32304 City/State and Zip Code
City/State and Zip Code Militant 8500 amail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 201-7504 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 12 AM 9: 23

Florida document number 121000 15 118X This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action Kelvin Thompkins III2 S Magnotia DC DAdd MER Tallahasier, Fl 32301 Way PREMOVE ______ □Change _____ □Add _____ □Change _____ Remove ____ □Change

If an et <u>Note:</u>	tive date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
ord is fi	December 12. 2022.
ord is fi	
ord is fi	Signature of a member or authorized representative of a member

Filing Fee: \$25.00