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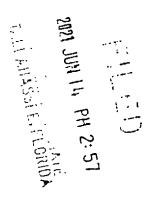
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Special Instructions to Filing Officer:





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COVER LETTER

TO:

FO: Registration Se Division of Cor					
Make IT Se	ecure, LLC				
SUBJECT:			·		
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
	ondence concerning this matter (
	Samuel Bourgeois				
	-	Name of Person			
	Make ff Secure, LLC				
		Firm/Company			
	10179 SW Captiva Dr				
		Address			
	Port St Lucie				
	sam@makeitsecurellc.com	City/State and Zip Code			
		to be used for future annual repo	rt notification)		
Var further information of					
For further information concerning this matter, please ca Samuel Bourgeois		561 484390	26		
cameer roan geom		at ()			
Name (of Person	Area Code T	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Addre			
Registration	Section Corporations	Registratio Division o	on Section f Corporations		
P.O. Box 63			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. M	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Make IT Secure, 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 ______ and assigned Florida document number _____ 1.21000260359 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 "LLC." 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 __, 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>	<u>Address</u>	Type of Action
AMBR	Samuel Bourgeois	10179 SW Captiva Dr	
			□Add
			□Remove
			Change
AMBR	Karla Bourgeois	10179 SW Captiva Dr	□Add
			□Remove
			 ▼ Change
			Add
			LAHASSEE, F. ORIDA
			P Change
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