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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·

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SECRETARY OF STATE
TALLAHASSEF

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations		
SUBJECT:	FM-Secun	ty		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	•
		Idel Gonzalez		
			Name of Person	·
		FM-Security		
			Firm Company	
		3645 Fountain Mist Dr Ur	nit 101	
			Address	
		Tampa, FL 33614		
			City State and Zip Code	Telephone Number S60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		info@fmsecurity.us		
			to be used for future annual report i	notification)
For further in	formation c	oncerning this matter, please c	all:	
Idel Gonzale	z Ruiz		813 4814710	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fr	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Reg	ing Addressistration S		Street Address: Registration S	Section
	Box 632		Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FM-Security		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on 06 28 2021	and assigned
Florida document number L21000297853		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		SE 20
		PI J
		A L
Inter new mailing address, if applicable:		PS F
Mailing address MAY BE A POST OFFICE BOX)		Ser P III
		$\overline{\overline{\omega}}$
 If amending the registered agent and/or registered office agent and/or the new registered office address here; 	address on our records, <u>enter the</u>	
N. C.V. B. C.		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	Zip Code

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
MGR	ARMESTO, JULIO	3645 Fountain Mist Dr Unit 101	□Add
		Tampa, FL 33614	Remove
			☐ Change
			🗆 Add
			□Remove
			SICONE TO LOAD TO LATER YEAR ALL ALL ALL ALL ALL ALL ALL ALL ALL A
			DAIL AHASSEE TO Belle Common C
			□Add
		-	□Remove
			□Change
			
			□Remove
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fective date, if other than the date of filing:	late of filing or i	nore than 90 ng requiren	(optional) days after filing.) nents, this date	Pursuan will not	1 10 605.020 be listed a
record specifies a delayed effective date, but not an effective time,	. at 12:01 a m	on the earl	ier of the The	- Գ(րե ժ	iv after the
is filed.			1		
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nicd July 6 2021	•	•			
ated <u>July 6</u> . 2021	/-	4	.C/		
signature of a member of authorize	xd representation	of a nyember		_	

Filing Fee: \$25.00