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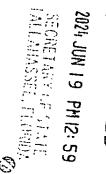
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Spartans Security Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tdel G Ruiz Name of Person
Firm/Company
441 33 RD St N APT 517
Saint Petersburg FL 33713 City/State and Zip Code
City/State and Zip Code Gidel 1992 (a) Dyoton Mail, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tdel G Ruiz at (727) 621 06 99 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tans Security Services

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 10 21 2021 and assigned Florida document number 1 2, 10002, 97853 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Gavad Protective Services LLC

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 _, 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.

City

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
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			Remove
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sument's crieetive da	te on the Departmer	it of State's records			
ecord specifies a dela	ved effective date, b	ut not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
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	Signature	e of a member or author	orized representative o	f a member	