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## **COVER LETTER**

Division of Co		
SUBJECT:	A1SECULITY LLC	
30bJEC1.	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Syed KISHWAR HUSSAIN ABIDI Name of Person	
	A 1 SE (Usity LL ( Firm/Company	
	6303 Blue Lagoon DR suite 400	
	Migmi FL 33126	
	Migmi, FL 33126  City/State and Zip Code  1 Cuinvestigation & Gutlock. Com  E-mail address: (to be used for future annual sport notification)	
For further information of	concerning this matter, please call:	
Name o	of Person at (214) 664-6099 Area Code Daytime Telephone Number	_
Enclosed is a check for t  ☐ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing	
	Certificate of Status Certified Copy Certificate of tadditional copy is enclosed) Certified Cop (additional copy	ı <u>y</u>

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

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

212, COT -6 PH 2: 00

A 1 S Cor. 19 (Name of the Limited Liability Comba (A Florida Limited)	ny as it now appears on our records.)
he Articles of Organization for this Limited Liability Company	
Torida document number $L_2 1000350371$ .	West Inc. (1) 1 2 2 3 7 7 1 1 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "I imited I jabil	lity Company," the designation "LLC" or the abbreviation "LLC"
Inter new principal offices address, if applicable:	3530 Forest LN 50:18 312
Principal office address MUST BE A STREET ADDRESS)	<u>DAHAS TX 28234</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3530 Forest Lit 50:18312D DB11125 Tx 75234
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent: 5786	1 h, shuck Hotsain nois.
New Registered Office Address: 631	Bive Lagoon DR so to 400
	M. 4Mi Florida 33136
New Registered Agent's Signature, if changing Registered Agent	
Thereby accept the appointment as registered agent and ag	ree 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. Thereby 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 Title Name Member Syed Kishwar Hussain Abidi 2121 Timothy De mckindey 1275071 Goderick BERNARD Rolfe PREMOVE MER Syed Kishwar Hussain Abidi 2121 Timothy DR. " McKirrey DAdd AMBR Syed Kishwar Hussain Abid: 2121 Timothy McKinney TX 75071 Todad Roderick Bernard Rolfe Bremove Registered Asent Syed Kishwar Hussain Abidi 2121 Timothymckinney ty 7507/ Roderick Bernard Rolfe KRemove Registered Agent Echange

_	 	<del></del> .		 Remove
_	 		 	 □Change
	<del></del>	 		□Add
_	 			 □Remove
				C Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Article III We gre a SEcurity and investigation Company	
Article III We gre a Security and investigation Company in Telas C 14769901 Our Florida Licenseis B37	0036
OWNER Syed Kishwar Hussain Abidi	
FLORISC ADDRESS 6303 Blue DR Suite 400	
migmi Fl 33126	
Telas Address 2121 Timothy DR Mikimney	
Texes 75071	
E. Effective date, if other than the date of filing:	7 (3 x b) s the
If the record 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 record is filed.	
Dated October 4th 2021	
Signature of a member or authorized representative of a member	
Roderick Polfe	
Typed or printed name of signee	

Filing Fee: \$25.00