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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SRQ PROPERTY LAW Account Number : I20180000050 Phone : (941)479-8500 : (941)479-8501 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Ad	.ddress:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAPS SECURITY, LLC

Certificate of Status Certified Copy Page Count Estimated Charge

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DocuSign Envelope ID: 3FCD8D32-CCFB-489D-AAE7-7143373B44E4 ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

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<u>ds.</u>)	OF STATE

Zip Code

p.3

Taps Security, LLC (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/27/2021 and assigned

Florida document number L21000465417	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
TAPS Services, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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.

City

Change

DocuSign Envelope ID: 3FCD8D32-CCFB-489D-AAE7-7143373B44E4
II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

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