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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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01/06/22--01011--008 **30.00



COVER LETTER

TO: Registration Se Division of Cor					
SAFEGUA SUBJECT:	RD SECURITY SOLUTIONS	•	•		
SUBJECT.	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	•			
	LUIS SOTO				
					
	SAFEGUARD SECURIT	Y SOLUTIONS LLC			
	Firm/Company				
		Address			
		City/State and Zip Code			
	safeguardprotectivesoultion				
		to be used for future annual report notification)			
For further information c	oncerning this matter, please c	rall:	- •		
LUIS SOTO		201 878-1398 at ()	2022		
Name o	f Person	Area Code Daytime Telephone Nu	umber - (1)		
Enclosed is a check for th	ne following amount:		The same of		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing, Fee, tificate of Status & tified Copy itional copy is enclosed)		

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFEGUARD SECURITY SOLUTI	ONS		
(Name of the Limited	d Liability Compa A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Lia Florida document number L21000525607	bility Company	were filed on DECEM	BER 14, 2021 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liahi	lity Company," the designa	
Enter new principal offices address, if applica	ble:	N/A	2022
Principal office address MUST BE A STREET	ADDRESS)		三
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE B	(OX)		<u> </u>
3. If amending the registered agent and/or regent and/or the new registered office address	~.	address on our record	ls, enter the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida str	reet address
			, Florida
		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 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	LOUIS SOTO RIOS	917 SW 47TH TERRACE, UNIT 106	= Add
		CAPE CORAL, FL 33914-4345	□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Add
		 	□Remove
			☐ Change
			
			□Remove
			□ Change

The	above name is being added as another owner of Safeguard Security Solutions LLC.
ective	date, if other than the date of filing: DECEMBER 14, 2021 (optional)
cff∝ti	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	's effective date on the Department of State's records.
-	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s tiled.	
	January 3 2022
ed	· · · · · · · · · · · · · · · · · · ·
	to Vita
	Signature of a member or authorized representative of a member
	LUIS SOTO