## 122000071785

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STAFF

## **COVER LETTER**

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ty Services, LLC		•	
Name of Lim	ited Liability Company	<del></del>	
Amendment and fee(s) are sub	mitted for filing.		
ndence concerning this matter	to the following:		
Lorenzo Bourroughs			
	Name of Person		
Titan Security Services, LI			
	Firm/Company		
2224 50TH STREET CIR		<del></del>	
	Address		
Palmetto, Florida 34221			
lhh.(2)	City/State and Zip Code		
	to be used for future annual report not	fication)	
oncerning this matter, please ca	all;		
	941 4658325		
Person		e Telephone Number	<del></del>
e following amount:			
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
<u>u</u>	Street Address:	ation	
oction orporations	——————————————————————————————————————		
	Name of Lim  Amendment and fee(s) are subsidence concerning this matter  Lorenzo Bourroughs  Titan Security Services, LI  2224 50TH STREET CIR  Palmetto, Florida 34221  Ibourroughs@gmail.com  E-mail address: (concerning this matter, please cancerning this matter cancerni	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Lorenzo Bourroughs  Name of Person  Titan Security Services, LLC  Firm/Company  2224 50TH STREET CIR E  Address  Palmetto, Florida 34221  City/State and Zip Code  Ibourroughs@gmail.com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  Person  at (	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Lorenzo Bourroughs  Name of Person  Titan Security Services, LLC  Firm/Company  2224 50TH STREET CIR E  Address  Palmetto, Florida 34221  City/State and Zip Code  Ibourroughs@gmail.com  E-mail address: (to be used for future annual report notification)  meerning this matter, please call:  Person  at (

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202 TAL TAL

Zip Code

Titon Casasita Comisso 11 C			FILE MAR 30 CRETARY LAHASSET
Titan Security Services, LLC	ad Linkilla, Comm		—35 <del>3</del> 30 <del>−</del>
Name of the Limit	(A Florida Limited	any as it now appears on our records.) Liability Company)	SEC > 17
The Articles of Organization for this Limited L Florida document number L22000071785		y were filed on February 11, 2022	THE PART OF THE PA
This amendment is submitted to amend the foll-	owing:		
A. If amending name, <u>enter the new name o</u>		bility company here:	
Priority 1 Security Services, LLC	1. 11 2. 11 1	The Committee of the Co	harded and 1 C "
The new name must be distinguishable and contain the w	ords "Limited Liab	offity Company, the designation "LLC" or the ab	breviation "L.L.C.
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
			_
		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office addre	• • •	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
ren negistera vitree radies.	•	Enter Florida street address	
		Florida	
		RIAPIAS	

## 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

The state of the s	
If Changing Registered Agent, Signature of New Registered Agent,	gent

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>	<u>Address</u>	Type of Action
N/A			[]Add
			□Remove
			□Change
N/A			
			Remove
			□Change
N/A			□Add
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ord specifies a delayed filed.	effective date, but not an effe	ctive time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after t
March 16	2022	!		
ed	,	· ·		
——————————————————————————————————————	Signature of a member	or authorized representat	ive of a member	
Lorenzo Bourro	fignature of a member	or authorized representat	ive of a member	

Filing Fee: \$25.00