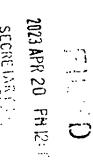
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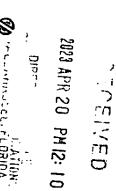
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## **COVER LETTER**

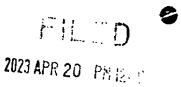
PO: Registration Section Division of Corporations
SUBJECT: Security with Respect LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Parase return all correspondence concerning this matter to the following:
DENNIS Walte
Security with Respect
4480 NW 110th AVE
Ocala, FL 34482 City/State and Zip Code
E-mail address: (to be used for future Annual report notification)
! ( further information concerning this matter, please call;
Deninis Waite at (401) 347-680 6  Name of Person Area Code Daytime Telephone Number
1 closed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)

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



Security with Respect LL SECRETARY (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1 .e Articles of Organization for this Limited Liability Company v	rere filed on2\f	24 2022 and assigned		
: Fortda document number L22 0000 78112		•		
As amendment is submitted to amend the following:				
\ If amending name, enter the new name of the limited liabil	ty company here:			
new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designati	on "LLC" or the abbreviation "L.L.C."		
I after new principal offices address, if applicable:				
(xincipal office address MUST BE A STREET ADDRESS)				
tter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
1. If amending the registered agent and/or registered office ad givent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records	, enter the name of the new registered		
New Registered Office Address:				
	Enter Florida street address			
	City	Florida Zip Code		
2 vy Registered Agent's Signature, if changing Registered Agent:	·	, -		
weby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete perpt the obligations of my position as registered agent as proag filed to merely reflect a change in the registered office as a pany has been notified in writing of this change.	erformance of my du ovided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

A amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added at removed from our records: .CR = Manager MBR = Authorized Member 119 Name Address Type of Action MGR Troy LHARDAWAY 2881 S.W. 142ND LN. OCA/A, F1. 34473 □Change OWNER MGR DENKIS C. WRITE 4480 N.W. 110TH Ave Wadd OCALA F1. 34482 - Remove \_\_\_\_ 

Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change

\_\_\_ □Remove

I.	Dennis Mar	Waite Frem S	AM rep	noving With	Troy L Respe	HArdAWA Cl As Of	- } - 4/20/6
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Fan effectiv <u>Note:</u> If th	ve date is listed, the he date inserted i	n this block does	ic and cannot be prior t	o date of filing or r ble statutory filin	nore than 90 days aff	tional) er filing.) Pursuant to 6 his date will not be li	05.0207 (3)(b) sted as the
d is filed.					on the earlier of:	(b) The 90th day at	ler the
Jaied		4-20-2	3. Waite	<b></b> •			

Filing Fee: \$25.00