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TALLAHASSEE, FLORIDA

OCT 6 2022 S. PRATHER

## **COVER LETTER**

TO:

Registration Section Division of Corporations

CUDIFCT.		SECURITY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ROME	LIA YOSHIDA DE YONAMIN	Ε
		Name of Person	
		Firm/Company	
	2861	NW 47TH TERRACE APT 203	
		Address	
	LAU	DERDALE LAKES, FL 33313	<del> </del>
		City/State and Zip Code	
	E-mail address: t	anyel.agtax@gmail.com to be used for future annual report no	otification)
For further information	n concerning this matter, please c		,
	OSHIDA DE YONAMINE	321 4448808 at ()	
Nam	e of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	n Section Corporations	Street Address: Registration S Division of C The Centre of	orporations
P.O. Box 6327 Tallahassee, FL 32314			roc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## KAIZEN SECURITY LLC.

	T	O		Thirty July 1. Ph 3: 3 and assigned
ART	TICLES OF C	DRGANIZATI(	ON .	E R
	0	F		
				黄色品
	KAIZEN SECURT	TY LLC.		
(Name of the Limi	ted Liability Compa	ny as it now appears on Liability Company)	our records.)	
	(AT FIORING TAIRINGS	maonity company)		بن بن
The Articles of Organization for this Limited L	iability Company	were filed on	03/11/2022	and assigned
Florida document number L220001250		· · · · ·		<del></del>
Tiorida document flumber	·			
This amendment is submitted to amend the following	lowing:			
A ##	. 6 . 10 10	SICA		
A. If amending name, enter the new name of	of the limited liab	uity company nere:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE		······································		
Trincipui Office unuress 14031 DE A STREE	LI ADDKESS)		······································	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
				<del></del>
B. If amending the registered agent and/or	registered office :	address on our reco	rds enter the r	name of the new registered
agent and/or the new registered office addre		additiss on our reco	eds, <u>enter the r</u>	rame of the new registered
Name of New Projectional Agents	N/A			
Name of New Registered Agent:				
New Registered Office Address:	N/A			
		Enter Florida	street 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDUARDO YONAMINE	2861 NW 47 TH TERRACE APT 203	<b>=</b> Add
		LAUDERDALE LAKES, FL 33313	
			[]Change
<del></del>	<del></del>		□Add
			Remove
		□Change	
			□Add
			□Remove
		□Change	
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			□Remove
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		☐ Change	
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			□Change

To add	a new member to the compa	ny.	
<del>.</del>			
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<del>.</del>			22178 = 1 * 64 · · · ·
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	····		
If an effective d		of filing: (opt cific and cannot be prior to date of filing or more than 90 days after es not meet the applicable statutory filing requirements, the	
document's e	ffective date on the Departm	ent of State's records.	
e record speci rd is filed.	fies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of: (	
	29 th June	2022	2022 FALL
Dated		72,	2022 JUL 14 PM 3: 3
		& puelial	33584 1177
	Signar	ure of a member or authorized representative of a member	
		ROMELIA YOSHIDA DE YONAMINE	3: C
<u></u>		Typed or printed name of signee	<del></del>

Filing Fee: \$25.00