L22000/58738

Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Bruster Security Group LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Reginald Bruster Name of Person Bruster Security Group LLC Firm/Company 600 University Office Blvd 8B Address Pensacola, FL 32504 City/State and Zip Code rbruster@teamsignal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Reginald Bruster Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bruster Security Group LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	rappears on our records.) npany)
he Articles of Organization for this Limited Liability Company were filed lorida document number <u>L22000158738</u> .	on 4/1/2022 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	any here:
Bruster Management Group LLC	
ne new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
•	
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	<u> </u>
failing address MAY BE A POST OFFICE BOX)	
	, +
. If amending the registered agent and/or registered office address or	n our records, enter the name of the new registe
gent and/or the new registered office address here:	,
Name of New Registered Agent:	
New Registered Office Address:	
E	inter Florida street address
	, Florida
City	Zin 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

Page 2 of 3

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		(3)
fective date if other than th	e date of filing:	(optional)
an effective date is listed, the date π	ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing.	re than 90 days after filing.) Pursuant to 600.02
e record specifies a delay The 90th day after the re	ed effective date, but not an effective tirecord is filed.	me, at 12:01 a.m. on the earlier
May 22	2024	
<u> </u>		
h /		
-A	Signature of a member or authorized representative of	of a member

Page 3 of 3

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
			□Add
			□Remove
			☐ Change
			□ Remove
			Change
			□Add
		Remove	
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□Remove
			□Change
			□Remove
			□Change