L22000320221

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

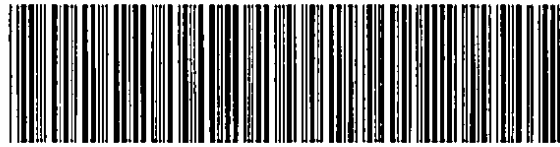☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

SUBJECT: _____365 CAPITOL SECURITY GROUP LLC_____
              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:

PETER MONTALVO

Name of Person

365 CAPITOL SECURITY GROUP LLC

Firm/Company

2516 LIELASUS DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pmontalvo@365securitymg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER MONTALVO _____ at (__407__) ___334-9838___
       Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                            (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

365 CAPITOL SECURITY GROUP LLC

__(Name of the Limited Liability Company as it now appears on our records.)__
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on __JULY 19/2022__ and assigned

Florida document number __L22000320221__ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

[stamp: SECRETARY OF STATE TALLAHASSEE, FL 2022 OCT 31 AM 9: FILED]

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____ , **Florida** _____

City *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =   Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROSANNA ARIAS QUELIX	2516 LIELASUS DR	■Add
		ORLANDO. FL 32835	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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FILED
2022 OCT 31 AM 9: 24
SECRETARY OF STATE
TALLAHASSEE, FL
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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated   OCTOBER 11   2022

_____
Signature of a member or authorized representative of a member

PETER MONTALVO
_____
Typed or printed name of signee

Filing Fee: $25.00