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(Re	questor's Name)	
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SECRETARY OF VISIONS 2022 DEC 27 AM 9: 21

COVER LETTER

TO: Registration Sec Division of Corp				
GRAHAM S	SECURITY SOLUTIONS LL	, , , , , , , , , , , , , , , , , , ,		
SUBJECT: CONTINUE	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	ANDREW A. GRAHAM			
		Name of Person	·	
	GRAHAM SECURITY SO	DLUTTIONS LLC		
		Firm/Company		
	1791 BAYBERRY DR			
	 	Address		
	PEMBROKE PINES FL 3	3024		
	GSSOLUTIONS954@GMA	City/State and Zip Code AIL.COM	-	
	E-mail address: (to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please c	all:		
ANDREW A. GRAHAM		at (305 _) 903-6547		
Name of	f Person		e Telephone Number	
Enclosed is a check for the	ne 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)	
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility Co	mnany as it now opposes on our records	
(A Florida Lim	ompany as it now appears on our records ited Liability Company)	u
he Articles of Organization for this Limited Liability Comp	pany were filed on 09/09/2022	and assigned
lorida document number 1.22000395382		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
	and the second of the second o	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	or the appreviation (L.L.C.
nter new principal offices address, if applicable:		···-
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
numing underess Mills DD 11 1 001 011 102 2019		
3. If amending the registered agent and/or registered of	fice address on our records, enter t	he name of the new regi
gent and/or the new registered office address here:	_	
Name of New Registered Agent:		
N. D. C. LOTT Allers		
New Registered Office Address:	Enter Florida street address	
	Cl _o	eido
	, F10	rida 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 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
MGR	ROYCE A. BOYD	1791 BAYBERRY DR PEMBROKE PINES FL 33024	= Add
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octivo da	te, if other than	the date of l	filing:			(option	al)	
effective of	late is listed, the dat	e must be specifi	ic and cannot be	prior to date of	filing or more than	90 days after fil	ing.) Pursuant to	605.020 listed a
<u>te:</u> If the turnent's e	date inserted in the	he Department	of State's rec	ppricable state ords.	nory ming requi	rements, this o	are will not be	iistea a
	ifies a delayed eff	ective date, bu	t not an effect	ive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
s filed.								
ad	Octo	ber 21	2022					
ed			_ ·	7				
		N						
		Cignature	of a member or	authorized rep	esentative of a me	mber		