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	zistration Section			COVER LI	ETTER			
Div	ision of Corpora	- 1	1.0		-		•	
SUBJECT:	Rebel Shield Se	curity, i		ited Liability Com	pany	<del> </del>		
The enclosed	d Articles of Ame	ndment	and fee(s) are sub-	mitted for filing.				
Please return	all corresponder	nce cano	erning this matter	to the following	;			
	;	Matthew	Rebholz					
	_	-		Name of P	erson		<u> </u>	
	!	Rebel Si	nield Security, LLC	3				
	-		·	Firm/Com	pany		· · · · · · · · · · · · · · · · · · ·	
		181 An	nberwood Drive SI	Е				
	~			Addres	S			
	!	Palm Ba	y, FL 32909					
	_	+		City/State and	Zip Code			
	n	repholz	@rebelshieldseeur					
			E-mail address: (t		re annual rej	port notificatio	n)	
For further i	nformation conce	rning th	is matter, please ca	all;				
Matthew Ro	ebhotz			321 at (	704-9	9668		
	Name of Per	son		Area (	Code	Daytime Tele	phone Number	_
Enclosed is	a check for the fo	llowing	amount:					
<b>≡</b> \$25.00 I	Filing Fee C		) Filing Fee & ficate of Status	S55.00 Fi Certified (additional	_		□ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status & /
Re Di	iling Address: gistration Sectivision of Corp D. Box 6327		s		Division	ress: ion Section of Corpora re of Tallah	tions	
	llahassee, FL	32314			2415 N. N		eet, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rebel Shield Security, LLC		
(Name of the Limited Lin 7\lambda FL	ability Company as it now appears on our reco	ords.)
(71)	mida fililited filability Company)	
The Articles of Organization for this Limited Liability	ty Company were filed on 9/12/2022	and assigned
Florida document number L22000396452		
Torida document number	<del></del> ,	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words.	'Limited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AL</u>	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
3. If amending the registered agent and/or regist	ered office address on our records, ent	ter the name of the new registe
gent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
		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
MGR	Matthew Rebholz	1811 Amberwood Drive SE	■Add
		Palm Bay, FL 32909	□Remove
			Change
			□Add
			□Remove
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amending any other n	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
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ote: If the date inserted in	han the date of filing:
ecord specifies a delayed is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
06 October ted	2022
-W/8	Signature of a member or authorized representative of a member
Matthew Rebbo	

Filing Fee: \$25.00