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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations		
ALL AME SUBJECT:	RICAN SECURITY CAMERA	AS LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Branden Liriano		
		Name of Person	
	ALL AMERICAN SECUE	RITY CAMERAS LLC	
		Firm/Company	
	12820 SW 43rd Dr APT#1	35H	
		Address	
	Miami, Fl 33175		
	 	City/State and Zip Code	· <u></u>
	bliriano9@gmail.com	to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please c		
Branden Liriano		786 8743255	
Name o	f Person	at ()	elephone 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 Address Registration S	Section	<u>Street Address:</u> Registration Section	
Division of C	'ornorations	Division of Corno	rations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AMERICAN SECURITY CAMERAS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 11/15/2022	and assigned
Florida document number L22000489126		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
All-American Home Luxury Services LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12820 SW 43rd DR APT#135b	
Principal office address MUST BE A STREET ADDRESS)	Miami,FL 33175	21
		2023 t
		3 3 1
Enter new mailing address, if applicable:	12820 SW 43rd DR APT#135b	影 5 厂
Mailing address MAY BE A POST OFFICE BOX)	Miami,FL 33175	SOF A III
	· · · · · · · · · · · · · · · · · · ·	8: 8:
		17 32 17 E
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter ti</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	tmer vioraa sireet adaress	
	Flor	ridaZip Code
	City:	LID Coae

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>	Name	<u>Address</u>	Type of Action
	•		□Remove
			□Change
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ective date, if other than the d	11/17/20)22	(optional)	
n effective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	e specific and cannot be p k does not meet the ap	plicable statutory filing	ore than 90 days after filing.)	Pursuant to 605.0207 vill not be listed as
cord specifies a delayed effective of sfiled.	late, but not an effectiv	ve time, at 12:01 a.m. o	on the earlier of: (b) The	90th day after the
	2023			
March 11	2025	<u> </u>		
ted March 11	2023	··································		
ted		uthorized representative	of a member	