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COVER LETTER

TO:

SUBJECT:	AQUILES & ASS	OCIATES LLC	
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Name of Person		
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	6700 ime Telephone Number □ \$60.00 Filing Fee,
For further information (•	tification)
AQUILES	SANCHEZ	at (786) 838-	67 <i>00</i>
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
⊠ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection.
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUILES & ASSO	OCIATES LLC	
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8:00AM JANUARY 10, 2	and assigned
Florida document number <u>L 23 0000 22 039</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
THIN BLUE LINE SECURITY		
The new name must be distinguishable and contain the words "Limited Liability	ity 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)		7.0
		PR
		1 3
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX)		
		÷0
B. If amending the registered agent and/or registered office a	ddress on our records, enter the na	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cuy	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of ali statutes relative to the proper and complete p	ee to act in this capacity. I further operformance of my duties, and I ar	agree to comply with the n 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>	<u>Address</u>	Type of Action
AMBR	KATIA SANCHEZ	3724 NE 16TH ST	□Add
		HOMESTEAD, FL. 33033 US	Z Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

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If an effecti Note: If	tive date, if other than the date of filing:	0207 (d as t
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.	the
Dated	MARCH 27 . 2024 .	
	Ag Cook	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00