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(F	Requestor's Name)
(A	Address)
(<i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Cenified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





800437474298

10/18/24--01011--027 **25.00

COVER LETTER

Division of Corporations Addition of Managing Member SUBJECT: 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: Robert graham Name of Person **Emergent Security Ile** Firm/Company 800 Bell RD. Unit G Address Sarasota, FL 34240 City/State and Zip Code bgraham@es1.ai E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Graham Daytime Telephone Number Name of Person 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 & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
any were filed on 1/17/2023	and assigned
liability company here:	
.iability Company," the designation "LL	C" or the abbreviation "L.L.C."
	22.
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ice address on our records, <u>ente</u>	r the name of the new regist
Futus Florida atmost adda.	are.
	lorida Zip Code
	iability company here: iability Company," the designation "LL."

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>	Address	Type of Action
MGR	Eric Asdown	800 Bell Rd Unit G	≡ Add
		Sarasota FL 34240	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
			Remove
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			□Add
			□Remove
			□ Chausa

Note:	tive date, if other than the date of filing: (optional) flective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is f	ord 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 filed.
Dated	1 10/14/2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00