

L23000040673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

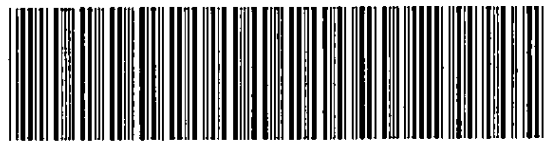
(Business Entity Name)

(Document Number)

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2023 FEB 27 AM 8:46  
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JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
ALACHUA COUNTY

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2023 FEB 24 PM 12:03  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
ALACHUA COUNTY

**EXAMINER'S INITIALS:**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cover Six Security LLC  
Name of Limited Liability Company

L23000040673

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vidal Sanchez \_\_\_\_\_  
Name of Person

Cover Six Security LLC \_\_\_\_\_  
Firm/Company

1871 18<sup>th</sup> Avenue \_\_\_\_\_  
Address

Naples FL 34120 \_\_\_\_\_  
City/State and Zip Code

Vidal.sanchez@protonmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vidal Sanchez \_\_\_\_\_ at (\_\_\_\_\_) 239-200-5963  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2023

FLORIDA CAPITAL COURIER SERVICE

SUBJECT: COVER SIX SECURITY LLC  
Ref. Number: L23000040673

We have received your document for COVER SIX SECURITY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 323A00004568

RECEIVED

2023 FEB 27 PM 3:45

ALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cover Six Security Security LLC

(Name of the Limited Liability Company as it now appears on our records.) (A  
Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/23/23 and assigned

Florida document number L23000040673

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Vidal Sanchez.	1871 18 <sup>th</sup> ave ne naples fl 34120	X <input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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FILED  
2023 FEB 27 AM 8:45  
CLERK OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_  
(optional)

(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated . . . . .

VIDAL SANCHEZ

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Vidal Sanchez \_\_\_\_\_

Typed or printed name of signee

**Filing Fee: \$25.00**