

L230000046167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

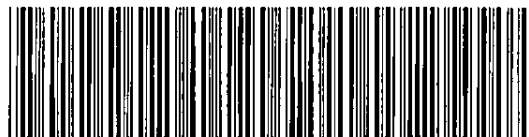
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
OCT 17 2024

Office Use Only



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09/15/24--01060--102 \*\*1.1.1

2024 OCT 17 PM 12:44



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2024

BETTY CAY STANFORD  
ENABLE SECURITY LLC  
1000 N 58 AVE  
HOLLYWOOD, FL 33021

SUBJECT: MICROCOM SOLUTION, LLC  
Ref. Number: L23000046167

We have received your document for MICROCOM SOLUTION, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

RUSSELL L HUNT  
Regulatory Specialist III

Letter Number: 724A00020951

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Microcom Solution LLC

\_\_\_\_\_  
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:

Betty Cay Stanford

\_\_\_\_\_  
Name of Person

Microcom Solution LLC

\_\_\_\_\_  
Firm/Company

1000 N 58 Ave

\_\_\_\_\_  
Address

Hollywood, FL 33021

\_\_\_\_\_  
City/State and Zip Code

Microcomsolutions2023@gmail.com

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

For further information concerning this matter, please call:

Betty Cay Stanford

954 292-1224

at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Microcom Solutions LLC

2024 OCT 15 PM 12:41

(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 01/25/2023 and assigned  
Florida document number L23000046167.

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          | James R Malsbury | 5715 Sheridan St      | <input type="checkbox"/> Add               |
|              |                  | Hollywood, Fl         | <input checked="" type="checkbox"/> Remove |
|              |                  |                       | <input type="checkbox"/> Change            |
| Mgr          | Joyce D Williams | 12173 Sheridan St     | <input checked="" type="checkbox"/> Add    |
|              |                  | Cooper City, Fl 33026 | <input type="checkbox"/> Remove            |
|              |                  |                       | <input type="checkbox"/> Change            |
|              |                  |                       | <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               |
|              |                  |                       | <input type="checkbox"/> Remove            |
|              |                  |                       | <input type="checkbox"/> Change            |
|              |                  |                       | <input type="checkbox"/> Add               |
|              |                  |                       | <input type="checkbox"/> Remove            |
|              |                  |                       | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

*Beth Cary Stanford*  
Signature of a member or authorized representative of a member

Typed or printed name of signee