## 123000078551

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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

CSO SECU	RITY AGENCY 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:			
	EFRAIN ACEVEDO				
	Name of Person				
	CSO SECURITY AGENC	Y LLC			
		Firm/Company			
	1747 King Edward Dr.				
		Address	5.3 1		
	KISSIMMEE, FL 34744		- •		
		City/State and Zip Code	1		
	agencycso02@gmail.com		***		
	E-mail address: (	to be used for future annual report no			
For further information c	oncerning this matter, please ca	aff:			
Efrain Acevedo		407 508-9353			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 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 So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSO SECURITY AGENCY LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records Liability Company)	<u>.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000078551</u> .	were filed on <u>02/13/2023</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
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:	5401 S. Kirkman Rd		
(Principal office address MUST BE A STREET ADDRESS)	Suite 310		
The part of the same of the sa	Orlando, FL 32819		
Enter new mailing address, if applicable:	PO BOX 452251	··	
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34745	, , , , ,	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter (</u>	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		rida	
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is	

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>	Address	Type of Action
			□Remove
			☐ Change
<del></del>			□Add
			·
			<del></del>
			□Add
			Remove
			☐ Change
			□Add
	<del></del>	□Remove	
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_\_ (optional) 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 July 26 2023 Signature of a member or authorized representative of a member Efrain Acevedo Typed or printed name of signee

. . . -

THE COMMENT