

L23000105094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

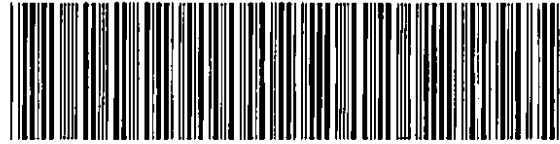
(Business Entity Name)

(Document Number)

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2023 NOV 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sentry Force Security 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:

Hector G Melendez Vazquez

Name of Person

Firm/Company

141 Autumn Ct

Address

St.Cloud FL 34771

City/State and Zip Code

qrtinstructor@gmail.com

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

For further information concerning this matter, please call:

Hector G Melendez Vazquez 407 520-0104

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Sentry Force 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 02/28/2023 and assigned
Florida document number L23000105094.

This amendment is submitted to amend the following:

1. **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:

2674 Simpson Rd

Principal office address MUST BE A STREET ADDRESS

Kissimmee FL 34744

Enter new mailing address, if applicable:

2674 Simpson Rd

Mailing address MAY BE A POST OFFICE BOX

Kissimmee FL 34744

2. **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:

2674 Simpson Rd

Enter Florida street address

Kissimmee

Florida 34744

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

Please do not send any information or letters to the email on file, I have provided a new email on this form which is

qrtinstructor@gmail.com. please only contact my number (407-520-0104) which was also provided in this form.

please only mail out information to the new address provided in this form which is 2674 Simpson Rd Kissimmee

FL, 34744.

Thank you.

Hector G Melendez Vazquez, President

Sentry Force Security LLC

2023 NOV 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 November 15th, 2023

Signature of a member or authorized representative of a member

Hector G Melendez Vazquez

Typed or printed name of signee