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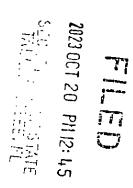
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/20/23--01025--023 ++25.00





GLOBAL SECURITY PROTECTION, LLC

0/08/23
o Whom it may Concern:
Carl Baker has authorizing to make change to Seaside Property Mgmt., LLC a subsidiary Company of (GLOBAL SECURITY PROTECTION, LLC. THE CORPRATE SEAL WILL SERVE AS OFFICIAL AUTHORAZATION.
Global Security Protection, LLC
nobal Security Protection, Etc
•
aeal

COVER LETTER

TO:

TO: Registration : Division of C						
	E PROPERTY MGMT, LLC	•				
SUBJECT:	Name of Lim	aited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.				
Please return all corres	oondence concerning this matter	to the following:				
	Earl Baker					
		Name of Person				
	SeaSide Property Mgmt, I.	LC				
		Firm/Company				
	790 4	th ST. STE 300				
	S. J.	Peters bury. Fl. 33702				
	solomon@seasidepropertyr	City/State and Zip Code				
For further information	concerning this matter, please c	•				
Earl Baker	-	904 - 814 9956 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 & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)				
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	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

ny as it now annears on our records (
ny as it now <u>appears on our records.)</u> Liability Company)	FILEI 2023 OCT 20 PHIL
were filed on	
ility company here:	
ity Company," the designation "LLC" or the	abbreviation "L.L.C."
790 4+4	ot
STE 360 ST. Petessons,	F) 33702
7901 4th ST	
STE 300 ST. Petenshue	g, Fl 33-70
ddress on our records, enter the na	/ ame of t <u>he new registered</u>
•	
, Florida	Zip Code
·	·
re to act in this capacity. I further of performance of my duties, and I as provided for in Chapter 605, F.S. Caddress, I hereby confirm that the	n familiar with and Or, if this document is
i .	ity Company here: ity Company." the designation "LLC" or the 290 4+h P ST STE 360 ST. Pelasbue address on our records, enter the nate of my duties, and I an provided for in Chapter 605, F.S. C.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from <u>our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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	tive date, if other than the date of filing:
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