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(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. Let walked Let et a solution of the contract of the

Office Use Only



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8/2/23

COVER LETTER

ns
Mega Cylobal Security UC Name of Limited Liability Company
ment and fee(s) are submitted for filing.
concerning this matter to the following:
Dominicine Akins Narrie of Person
Mega C110bal Bear, ty ll
V266 Sco 215t
Address
City/State and Zip Code
b-mail address: (to be used for future admust eport notification)
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g this matter, please call:
ACNS at (GSU) 676 -6314 Area Code Daytime Telephone Number
Area Code Daytime Telephone Number
ing amount;
0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Section ons Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Mega Calolai Security LL	<u>.</u>
	(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
	(A Florida Eminted Liability Company)	
The Articles of Organization for	or this Limited Liability Company were filed on	6 2023 and assigned
Florida document number	23000136354	and assigned
This amendment is submitted t	to amend the following:	
A. If amending name enter	the new name of the limited liability company here:	
mane, <u>enter</u>	the new name of the ninted hability company here:	
The name page to distinct to		
The new marne must be distinguishab	ec and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices a	ddress, if applicable:	
(Principal office address MUS	T BE A STREET ADDRESS)	
		• • • • • • • • • • • • • • • • • • • •
		
Enter new mailing address, if	d amplication	·
		·
(Mailing address MAY BE A I	POST OFFICE BOX	
		<u> </u>
To te		. .
agent and/or the new register	agent and/or registered office address on our records, e	nter the name of the new registered
agent dud of the new register	ed ornee address here:	
Name of New Registe	rcd Agent:	
New Registered Offic	Address:	
	Enter Florida street a	address
		TV 4.5
	City	_, Florida
New Registered Agent's Signatu	re, if changing Registered Agent:	ng code
be a residence of arrestations better	ent as registered agent and agree to act in this capacity, we to the proper and complete performance of my dutie	a and I am form the
accept the obligations of my p	WILLON OF TERISICTED OPENT OF PROVIDED FOR IN Characa A	(ባና ሮሮ ረነ ነራህ ነ
ours fried to merely reflect a	Change in the registered office address. I hereby confin	n that the limited liability
company has been notified in	portting of this change.	,
-	If Changing Registered Agent, Signat	ure 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

Title	<u>Name</u>		Address	Type of Action
MGR	Danie	rique Akins	6260 SN 21St MIROURON	_ TJ. Add
			F1, 3:3023	□Remove
				Change
AMBe	Domin	ique Akins	UDLED SUR DIST MITORIA	<u>√</u> T⁄Add
			F1, 33023	Remove
				_ □ Change
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		nformation, enter change(s) here: (Attach additional sheets, if necessary.)
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		an the date of filing: date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 this block does not meet the applicable statutory filing requirements, this date will not be listed at the Department of State's records.
ecord spe is filed.	ecifies a delayed c	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	07_	126 , 2023 ,
		Signature of a member or authorized representative of a member
-		Exped or printed name of signed
		Filing Fee: \$25.00

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