

L23000159457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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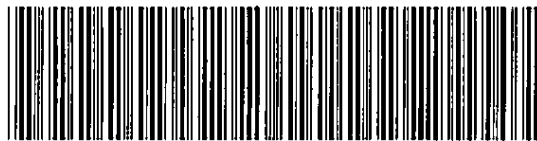
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ELITE SQUAD SECURITY ASSOCIATES

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:

ANDERSON EUGENE

Name of Person

ELITE SQUAD SECURITY ASSOCIATES, LLC

Firm/Company

4604 CADAGUA DR

Address

SEBRING FL 33872

City/State and Zip Code

ANDEREUG@GMAIL.COM

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

For further information concerning this matter, please call:

ANDERSON EUGENE

561 3968317
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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

ELITE SQUAD SECURITY ASSOCIATES, 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 03/30/2023 and assigned
Florida document number L23000159457.

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:

4604 CADAGUA DR

SEBRING FL 33872

(Principal office address MUST BE A STREET ADDRESS)

4604 CADAGUA DR

SEBRING FL 33872

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: ANDERSON EUGENE

New Registered Office Address: 4604 CADAGUA DR

Enter Florida street address

SEBRING, Florida 33872

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>
AMBR	GILBERT FRANCOIS	777 LUCAYA DR	<input type="checkbox"/> Add
		KISSIMMEE FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANIAS JEAN MICHEL	621 IZZY PLACE	<input type="checkbox"/> Add
		APOPKA FL32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMDR	GUENSLY DORISCA	13221 SUNSET SHORE CIRCLE	<input type="checkbox"/> Add
		RIVERVIEW FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated 10/06/2023 

Signature of a member or authorized representative of a member

Signature of a member or authorized representative
Anderson Eugene
Typed or printed name of signer

Filing Fee: \$25.00