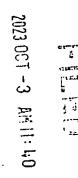


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Umills				





10/03/23--01018--028 **25.00





IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Monday, September 25, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: RELENTLESS PRIVATE SECURITY, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

TO:	Registration So Division of Co					
SUBJ	ect: <u>RELENI</u>	TLESS PRIVATE SECU Name of Lin	IRITY, LLC nited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Corporate Maintenance Lead				
			Name of Person			
	Processing Department					
		Firm/Company				
		1450 Vassar St				
	Address					
		Reno, NV 89502				
		City/State and Zip Code				
		E-mail address: (to be used for future annual report noti	fication)		
For fu	rther information c	oncerning this matter, please co	all:			
	Process	ing Department	at (800) 638-2320			
		f Person		e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
☑ \$2	5.00 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

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TE SECURITY, LLC	
ny as it now appears on our records.) iability Company)	
were filed on 04/17/23	and assigned
lity company here:	
E SECURITY, LLC	
ty Company," the designation "LLC" or the	abbreviation "L.L.C."
ice address on our records, <u>ente</u>	er the name of the new
rue ruit e e	
Enter r toriau street aadress	
, Florida	Zip Code
	is it now appears on our records.) iability Company) were filed on 04/17/23 lity company here: E SECURITY, LLC ty Company." the designation "LLC" or the

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>	Name	<u>Address</u>	Type of Action
MGR	Aroldson Etienne	401 East Jackson Street Suite 2340	Add
		Tampa, FL 33602	
			Change
			🖸 Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
			Remove
		·	Change
			🗆 Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory findocument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3)(t ling requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effectiv b) The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated September 25th. 2023.	
Dated September 25th, 2023. Olive LOJ. Signature of a member or authorized representation.	ive at a member
Aliou Diouf	
Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00