L23000212069

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COVER LETTER

Division of Corpo				
SUBJECT: Fire	St Respons	le Scurity ted Liability Company	LLC	2(
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	1 11 12 12	2023 JUL 2
Please return all correspond	dence concerning this matter t	to the following:	· · · · · · · · · · · · · · · · · · ·	26
	Adline	AZEMard Name of Person		AH 9: 03
	First R	esponse Sec	urity	
	3049 C	leveland Ave	Apt 249	
		City/State and Zip Code City/State and Zip Code Code	.Com	
For further information cor	ncerning this matter, please ca	·	•	
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Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 $\frac{05/\delta1/2023}{12023}$ and assigned Florida document number $\frac{123000212069}{12023}$

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liah		
First Security Respons	se LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
n and the state of		to the same of the new societared
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	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 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>	Address	Type of Action
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m effective date is listed, the ote: If the date inserted	than the date of filing: e date must be specific and cannot be in this block does not meet the a on the Department of State's rec	pplicable statutory filing	(optional) re than 90 days after filing, requirements, this date) Pursuant to 605.02
record specifies a delayer is filed.	d effective date, but not an effect	ive time, at 12:01 a.m. or	n the earlier of: (b) 11	ie 90th day after th
ated July	19th .207	13		
Hall	Signature of a member o			
		- number were and monopolement of their c	st a member	

EU . E . 635.00