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(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: For Your Safety Security Services LLC 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:
Anthony Amada Name of Person
For Your Sefety Security Services LLC Firm/Company
G18 Her 21 do Ct Address
Kissimmee FL 34758 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Amada at (407) 414-5479 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$ \text{Certificate of Status}\$ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FOR Your Safety Secu (Name of the Limited Embility Com (A Florida Limite	17, 44 Services LLC 1997 44 6. 59 Ed Liability Company)
' (<u>Name of the Limited Eiability Com</u> (A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	
Florida document number <u>L 23000 233 123</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
•	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "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)	
·	
B. If amending the registered agent and/or registered office	ce 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:	
New Registered Office Address:	Enter Florida street address
_	, Florida City Zip Code
_ 	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>	Address	Type of Action
AMBR	Anthony Amada	2010 King Reach St. Kissimmee FL. 34744	EAdd
	•	Kissimmee FL. 34744	□Remove
			□Change
			🗆 Add
			□Remove
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(If an effecti Note: If	date, if other than the date is listed, the date in this 's effective date on the	ust be specific and block does not n	cannot be prio neet the appli	r to date of filing cable statutory	or more than 90	(optional) days after filing. nents, this date) Pursuant to 605.0207
ne record s ord is filed	oecifies a delayed effect	ive date, but not	an effective	time, at 12:01 a	a.m. on the earl	ier of: (b) Th	e 90th day after the
Dated	June 1	2	2023	3			
	Λ						
		Signature of a	member or aut	horized represen	tative of a memb	er	

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