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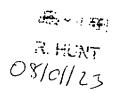




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COVER LETTER

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: USA Global Security UC. 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:	
Freddy Oliver Bonzalas Name of Person	
Firm/Company	
7210 NW 1747 Fer \$ 102	202
7210 NW 1747 For \$102 Address Address City/State and Zip Code	2023 A-S-1 PM 12: 40
	PH
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	2:40
Freddy 8. Conzales at 305 849-2482 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA 6/06	al Sec	unn	,110			
(Name of the Limited (A	Liability Com Florida Limite	<u>pany as it nov</u> d Liability Cor	<u>v appears on o</u> mpany)	ur records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L 23 000 H</u>		ny were filed	i on		and assign	ed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t						
The new name must be distinguishable and contain the wor	ds "Limited Lia	bility Compan	ıy," the designa	tion "LLC" or the a	bbreviation "L.L.C	
Enter new principal offices address, if applical	ble:	N/A	<i>r</i>			
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable:	010	N/A			\$ 4 KB	ON STONE FAILY
(Mailing address MAY BE A POST OFFICE B					₽H !?: 4.0	- 필요 * - 보호 - 프로
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered offic <u>here</u> : ./	e address o	n our record	ls, <u>enter the nan</u>	ne of the new r	egistered
Name of New Registered Agent:	NA.					
New Registered Office Address:	NA	}	Enter Florida sti	reet address , Florida	2. 6. 1	
	1	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

Type of Action Name **Address** Title MOR Jose J. Baños Gonzalez 7210 NW 174th Ter # 102 DAdd Hialah, F 33015 ____ □Remove

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ote: If the date i	other than the date o listed, the date must be spec nserted in this block doe we date on the Departme	s not meet the applica	o date of filing or more t ble statutory filing red	(optional) han 90 days after filing.) F quirements, this date w	Pursuant to 605.0207 ill not be listed as
record specifies a	i delayed effective date, l	out not an effective tin	ne, at 12:01 a.m. on th	he earlier of: (b) The	90th day after the
ated	19.2023		<u> </u>		
	Signatu	re of a member or author	rized representative of a	member	
	,	y Oliver Typed or printe			