

L23000305379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

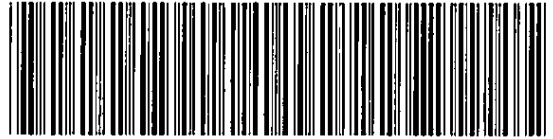
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 AUG 23 AM 7:38

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Major Security Training Of The Treasure Coast, 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:

Major Lynn Jones

Name of Person

Major Security Training Of The Treasure Coast LLC

Firm/Company

1549 US 1

Address

Vero beach FL 32962

City/State and Zip Code

treasurecoasttraining772@gmail.com

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

For further information concerning this matter, please call:

Major Lynn Jones

Name of Person

at (772)

Area Code

321-3235

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
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
OF**

Major Security Training of the Treasure Coast, 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 6/26/2023 and assigned Florida document number L23000305379

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:

(Principal office address MUST BE A STREET ADDRESS)

1549 US 1

VERO beach FL 32962

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1755 6th Ave Apt 3

VERO beach FL 32962

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:

Major Lynn Jones

New Registered Office Address:

1549 US 1

Enter Florida street address

VERO beach

City

Florida

Zip Code

32962

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

Mj Jones

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>
MGR	Major Lynn Jones	1549 US 1	<input checked="" type="checkbox"/> Add
		VERO beach FL 32962	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Major Lynn Jones	1549 US 1	<input checked="" type="checkbox"/> Add
		VERO beach FL 32962	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Major Lynn Jones would like to be
the Authorized person of my business
and the registered owner.

2023 AUG 23 AM 7:38
SECRETARY OF REVENUE
TALLAHASSEE FL 32301

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E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/19/23 2023

Signature of a member or authorized representative of a member

Mj Jones

Major Lynn Jones

Typed or printed name of signee