•
(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:
Office Use Only



000424292250

08/20/24-+01001++021 **58.59

02/21/24--01001--003 **5.00

2024 FEB 20 PM 3: 08 FILED

COVER LETTER

TO: Registration Sec Division of Cur			
SUBJECT: EMI	nent Securit	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	hoss Do	ONES IAN CHAR	rdler
		Firm/Company	
	8128 S	W 155TH Ter	race
•	Stark	City/State and Zip Code	<u> </u>
	ROSS Chan	do be used for future annual report notifi	Com
For further information e	oncerning this matter, please c		
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Addres	<u>s:</u>	Street Address:	

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

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

EMINENT Security,	LLC"			
(Name of the Limited Liability Comban (A Florida Limited Li	v as it now appears on our reco ability Company)	ords.)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2300035004</u> .7	vere filed on 7 25	2023	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile Imminent Security, "Le The new name must be distinguishable and contain the words "Limited Liability".	LC'	LC" or the abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			202	
		7.1		77
			23	<u> </u>
Enter new mailing address, if applicable:		7,74	0)
Mailing address MAY BE A POST OFFICE BOX)		10 C 21 Ti	T.	1 1
		77) <u>(</u>	ယ္	
			08	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of	the ne	w registere
Name of New Registered Agent:				·
New Registered Office Address:				
	Enter Florida street add	ress		
 		Florida		
	City		ip 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

Title	Name	Address	Type of Action
	 		□Add
			□Remove
			☐ Change
3+			
.:			□Remove
			□Change
			Add
			□ Remove
			Change
			□∧dd
			□Remove
		· -	□Change
			_Add
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
			Change

. Effer	ctive date, if other than the date of filing: (optional)
-{lf an c	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 (ignited the context of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
ilsa naa	
cord is	
	d 2 20 2024 Signature of a member or authorized representative of a member
Date	d 2 20 2024
	Ym.
	Signature of a member or authorized representative of a member
	ROSS Donesian Chandler Typed or printed name of signee

Filing Fee: \$25.00