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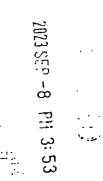
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:			•	4 &		
	Shield6 Se	curity LLC				
SUBJ	EC1:	Name of Lim	ited Fiability Company	,		
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		TIERRA W				
			Name of Person			
		Shield6 Security LLC The Same of Limited Liability Company Shield6 Security LLC Name of Limited Liability Company Security LLC Name of Limited Liability Company Security LLC Name of Person ZENBUSINESS INC Firm/Company 5511 PARKCREST DRIVE Address AUSTIN TX, 78731 City/State and Zip Code FULFILLMENT GZENBUSINESS, COM E-mail address: (to be used for future annual report notification) ser information concerning this matter, please call: AW 1				
		5511 PARKCREST DRIV	Е			
		Address AUSTIN TX, 78731 City/State and Zip Code				
			-			
				utilization i		
For fu	ther information c		·			
TIERI	RA W					
	Name o	d Person		me Telephone Number		
Enclos	ed is a check for the	he following amount:				
≡ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
	P.O. Box 632		The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shield6 Security LLC

2023 SEP -8 PH 3:53

(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 $\frac{08/17/2023}{}$ and assigned Florida document number 1.23000387476 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Shield 6 Security LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: Emer Florida street address

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
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Note:	tive date, if other than the diffective date is listed, the date must he. If the date inserted in this blochent's effective date on the Dep	k does not mee	et the applicab	date of filing o	(opt r more than 90 days afte ling requirements, th	ional) or filing.) Pursuant to 605.01 is date will not be fisted
record is ti	rd specifies a delayed effective of iled.	late, but not an	effective time	e, at 12:01 a.i	n, on the earlier of: (b) The 90th day after the
ated	SEPTEMBER 1	·	2023	_ •		
	/S/ Jeremy Dold					
					ive of a member	