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Tu:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PILLA SECURITY SERVICES LLC

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COVER LETTER

TO: Registration Sec Division of Corp			
PILLA SEC	CURITY SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	tmendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	MARKET CONTRACTOR OF THE PARTY
	spillajt@gmail.com		
	E-mail address: (to be used for future annual report notal	ication)
For further information co	ncerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Fiting Fee	(1) \$30.00 Filing Fee & Certificate of Status	S55 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 5327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ĩo:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lie Florida document number L23000396073	ability Company were filed on 08/23/2023	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	or registered office address on our records, fice address here:	enter the name of the
		9 -
New Registered Office Address:	Enter Florida street address	
	Plant	· ^ 증
	City , Flor	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:	
New Registered Agent's Signature, if changing R	legistered Agent:	her agree to comply w
accept the obligations of my position as regis	er and complete performance of my duties, and stered agent as provided for in Chapter 605, F. egistered office address, I hereby confirm that	S. Or, if this document

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	<u>Name</u>	Address	Type of Action
AMBR	Stephen Pilla	3361 New South Province Blvd., Unit 1 Furt Myers, FL 33907	∃ ∋ Add
			🗆 Remove
			☐ Change
AMBR	HEATHER M. PILILA		O Add
		27(1)1 C 1 D 1 D 1 D 1	🗆 Remove
		3361 New South Province Blvd., Unit 1 Fort Myers, FL 33907	
			Add
			□ Remove
			Change
-			
			Remove
			🗆 Change
			EJ Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

Τo

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	September 14th 2023
Dated_	
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00