L23000411844

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PALLAHASSES OF THE

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: On the Floot Security Protection Service 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:
Josaphat Decejour Poulard Name of Person
Firn/Company
8506 Misty River Court
Tampa Pl, 33637 City/State and Zip Code
Josaphat D Poular agmail-Com E-mail address: (to be used for future aknual report notification)
For further information concerning this matter, please call:
Josaphat D Poulard at (813) 845-7693 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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S SECULITY ProTe (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	LLC s.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2300041184</u> 4	y were filed on $9/26/2$	<u>3</u> an	d assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial ON The Floor Security P The new name must be distinguishable and contain the words "Limited Liab	VOTECTION SE	_		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	S506 Misty R TAMPA II: 33		ur!	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of th	e new reg	
Name of New Registered Agent:			 -	
New Registered Office Address:	Enter Florida street address	orida 2	2023 SEP :	
	City	Zip (Codes	·

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
			□ Remove
		,,,	□Change
			□Add
			□Remove
			□Change
			
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	(V)	EP 28
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)	
te: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ry filing requirements, this date will	not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	I a.m. on the earlier of: (b) The 90t	h day after the
cd 9/26/23		
Signature of a member of authorized represe	entative of a member	