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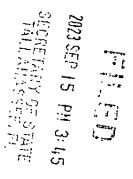
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

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COVER LETTER

TO: Registration Section Division of Corporatio	ns		>	ŧ
SUBJECT: Bisc	Name of Limi	CCLV1+1	LLC	
The enclosed Articles of Amendr	nent and fee(s) are subr	mitted for filing.		
Please return all correspondence	concerning this matter t	to the following:		
	Derric	Name of Person	,5	
F	5150n	Secuvity Firm/Company	1 LLC	
	3933_	Sabal La Address	Jay	
F	Fort Ph	erce FI	34981	
<u> D</u>	DUVGES E-mail address: (1	City/State and Zip Code SUPITE WAR	A-OL, CDV	2023
For further information concernir				SEP I
D-ENTICK BUY Name of Person	gess	at (<u>786</u>) <u>22</u> Area Code Daytir	o- OCI Sac ne Telephone Number Con	2023 SEP 15 PH 3: 45
Enclosed is a check for the follow	ring amount:		**1	01
	0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc	us &
Mailing Address:		<u> Street Address:</u>		

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

	security L	
(A Flori	da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>しる300041343</u>		15123 and assigned
This amendment is submitted to amend the following:	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." w principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) w mailing address, if applicable: address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered d/or the new registered office address here: Name of New Registered Agent:	
A. If amending name, enter the new name of the li	mited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	202 SEI
(Principal office address MUST BE A STREET ADL	DRESS)	ACR ST
		\$ 0
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		
		17. O
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:)/A-	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida str	eet uddress
		, Florida
	Ciţ	Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	-15hrgess	3933 Sabal Way Fort Plercy FJ BB198	Remove
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ective date, if other	than the date of fil	ling:		(optio	nal)	
n effective date is listed, te: If the date inserted cument's effective date	d in this block does no	ot meet the applica	to date of filing or mable statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to 605 date will not be liste	020° ed as
cord specifies a delay s filed.	ed effective date, but i	not an effective tis	nc, at 12:01 a.m.	on the carlier of: (b)	The 90th day after	r the
ed 09.	-12	. 2023	₹·			
	Signature of	fa member of muther	rized representative	of a member		

Filing Fee: \$25.00