## L23000443290

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DEFARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEELFLORIDA

2023 NOV 2 | AM 8: 3C

A. PARISHANI DEC 0 9 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Arquette Security Patrol LLC	- ຍ 🕿
Name of Kimited Liability Company	DEP NVISI TALL
The enclosed Articles of Amendment and fee(s) are submitted for filing.	1023 NOV 2 I DEPARTHENT DIVISION OF COR TALLAHASSE
Please return all correspondence concerning this matter to the following:	OF S
Dustin Arquette Name of Person	8: 30 RATE LORIDA LORIDA LORIDA
Arquete Security Patrol LLC	
3035 Concord St.	
Surasota FL 34231 City/State and Zip Code	
Dustin Arquette Rocket mail. com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Dustin Arquette at (941) 735-7254  Name of Person Area Code Daytime Telephone Num	hber
Certificate of Status Certified Copy Certificational copy is enclosed)	D Filling Fee, ficate of Status & fied Copy onal copy is enclosed)

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

Street Address:

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

2023 NOV 21 AM 8: 30
DEFARTHENT OF STATE DIVISION OF CORPORA 100HC TALLAHASSEE, FLOHIOA

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Compan	y were filed on Sept.	and assigned
Florida document number <u>L 23000443290</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Arquette Security Professionals The new name must be distinguishable and contain the words "Limited Liab	LLC_	
The new name must be distinguishable and contain the words "Limited Liat	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
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:		
N. CN. B. St. J.A.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	l address
<u></u>		, Florida
	City	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 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>	Name	Address	Type of Action
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			□Remove
			□Add
			□Remove
			□Change
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Effective date if at	her than the date of filing:	(opt	ional)	
If an effective date is list	ed, the date must be specific and cannot be prior to date of crted in this block does not meet the applicable statu	filing or more than 90 days after	er filing.) Pursuant to	605,0207 (3 listed as th
document's effective	date on the Department of State's records.			
			to The Oost James	A L
	layed effective date, but not an effective time, at 12	OF a.m. on the earlier of: (	b) The 90th day a	mer me
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ne record specifies a deord is filed.  Dated	Signature of a member or authorized repr	resentative of a member		