

L24 0000006479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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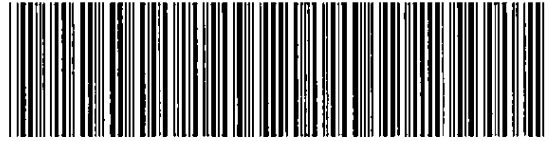
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

KH
2/15/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CES SECURITY SOLUTION 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:

SCOTT R. OWEN

Name of Person

Firm/Company

2004 GRANADA DR. #N2, COCONUT CREEK FL 33066

Address

COCONUT CREEK FL 33066

City/State and Zip Code

SPEARHEADMGMT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT R. OWEN

954 654-663-4882
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 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 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CES SECURITY SOLUTION LLC

(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 12/28/2023 and assigned
Florida document number L24000006479.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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:

(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:

SDL TRUST CONSULTING, CORP.

New Registered Office Address:

5561 LAKESIDE DR. #202

Enter Florida street address

MARGATE

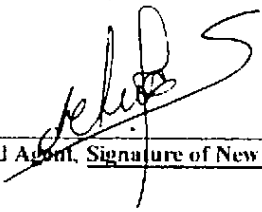
City

Florida 33063

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SCOTT R. OWEN		☐ Add
		2004 GRANADA DR. #N2, COCONUT CREEK, FL 33091	☒ Remove
			☐ Change
MGR	CLAUDIA F. OWEN		☐ Add
		2004 GRANADA DR. #N2, COCONUT CREEK, FL 33091	☒ Remove
			☐ Change
MGR	GARY DELGIORNO		☐ Add
		1592 BROOKS RD. DACULA, GA 30019	☒ Remove
			☐ Change
AMBR	SPEARHEAD MANAGEMENT L	2004 GRANADA DR. #N2, COCONUT CREEK, FL 33091	☒ Add
			☐ Remove
			☐ Change
AMBR	GBEAR HOLDINGS LLC	1592 BROOKS RD. DACULA, GA 30019	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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JACKSONVILLE, FLORIDA

2021 FEB -2 PM 1:53

STATE
FEB -2 PM 4:22

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 16TH 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

SCOTT R. OWEN

Typed or printed name of signee