Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000387432 3)))



H2400038743234BC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Bage. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

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

| Cmail | Address: | | | |
|--------|-------------|--|--|--|
| Lingia | MUULI CIII. | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN , 904 HOME & FOOD LIMITED LIABILITY COMPANY

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

K. SALY

NUV -2-2 2024

Electronic Filing Menu — Corporate Filing Menu —

Help

2024-11-22 09:48:25 UTC+14 COVER LETTER

Name of Person

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

904 Home & Food Limited Liability Company

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

Allison Monzon

| | ZenBusiness INC | | |
|---------------------------|--|---|---|
| | | Firm/Company | |
| | 336 E. College Ave Suite . | 301 | |
| | | Address | |
| | Tallahassee, FL 32301 | | |
| | | City/State and Zip Code | |
| | fulfillment@zenhusiness.ed | ากา | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | alt: | |
| c/o ZenBusiness INC | | 844 493-6249 ut () | |
| Name c | t ferson | | e Telephone Number |
| inclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | LI \$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

Page: 3 of 5

2024-11-22 09:48:25 UTC+14 18506176383 AKTICLES OF AMILIDMENT TO ARTICLES OF ORGANIZATION OF

From: ZenBusiness User

FILED

2024 NOV 21 PM 5: 15

TALLAHASSEE FLORINA

904 Home & Food Limited Liability Company

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

(A Florida Limited Liability Company)

| | ny were filed on 2024-03-26 | and assigned |
|---|---|------------------|
| Florida document number 1.24000146728 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| Jaguar Security Limited Liability Company | | |
| The new name must be distinguishable and contain the words "Limited Lia | ibility Company," the designation "EEC" or the abbrev | iation "L.L.C." |
| Enter new principal offices address, if applicable: | 4235 Marsh landing Blvd 214 Jacksonville F | Beach, Fr. 32250 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | 4235 Marsh landing Blvd 214 Jacksonville F | Seach, F1, 32250 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | _ |
| | e address on our records, enter the name of | the new register |
| | e address on our records, enter the name of | the new register |
| agent and/or the new registered office address here: | e address on our records, enter the name of Enter Florida street address | the new register |
| | Enter Florida street address , Florida | the new register |

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.

Page: 4 of 5 2024-11-22 09:48:25 UTC+14 18506176383 From: ZenBusiness User in amending Authorized recson(s) authorized to manage, enter the five, maine, 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 |
|--------------|---------------------------|---|-----------------|
| MGR | THOMPSON, PETER | 4235 Marsh landing Blvd 214 Jacksonville Beach, F | T. : [] Add |
| | | | □Remove |
| | | | |
| MGR | THOMPSON, JANET | 4235 Marsh landing Blvd 214 Jacksonville Beach, F | 1.1 ∐Add |
| | | | Filemove |
| | | | ≡ Change |
| MGR | isabella abigail thompson | 4235 Marsh landing Blvd 214 Jacksonville Beach, F | L: ≣∆dd |
| | | | = Remove |
| | | | L.I.Change |
| | | | |
| | | | SECURE T |
| | | | 2 Change P |
| | | | TO 35 |
| | | | []Remove |
| | | | [](Thange |
| | | | □Add |
| | | | DRemove |
| | | | LIChange |

| | , <u>.</u> . | | | | | • | |
|---|--|---|----------------|---|--|---------------------|-----------------------------|
| | | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | _ |
| | | | | - | | وحن | 2 |
| | | | | | | 7205 | |
| | | | | | | | 10 HOY 21 |
| | | | | | | - F | _2_ |
| | | | | | | | 5 S. C. |
| | · · | | . | | • | | ָּיָאָי אָרָיִי |
| | | | | | | ير) | 0 |
| | | | | | | <u>-</u> . | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | *** | | | _ |
| | | | | | . | | |
| | | | | | | | |
| | | •• | • | | • | | |
| | | | | · ···································· | | | _ |
| | | | | | | | |
| fective date, if other the n effective date is listed, the ster. If the date inserted in cument's effective date o | date most be specific (this block does no | and cannot be prior of meet the applic | cable statutor | ng or more tha y filing requ | (option n 90 days after fit irements, this d | ing.) Pursuant to 6 | 05.0207 (3)(sted as the |
| ecord specifies a delayed is filed. | effective date, but t | not an effective t | ime, at 12:01 | a.m. on the | earlier of: (b) | The 90th day of | ter the |
| ted | | | | | | | |
| | · Thompson | | | | | | |
| /S/_Feter | 1110111123011 | f a member or auth | | | | | |

Filing Fee: \$25.00