## L. 24 CCC 156237

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## **COVER LETTER**

Division of Co					
SUBJECT:	Fenix Securi	w Gar UC nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
•	•				
		Name of Person			
		Name of Person			
	Fenix	Security Orove, UC Firm/Company			
	7245	Firm/Company  [W 173rd Drive #701]  Address			
	- Hinten	PL, 33015			
	<u> </u>	City/State and Zip Code			
	E-mail address: (	City/State and Zip Code  and & 809 @ amail . Com  to be used for future annual report notification)			
For further information e	oncerning this matter, please c	all:			
	C. 16	2x 210-CHILT			
Name o	r Person	at (38) Daytime Telephone Number 2,			
		<u></u>			
		င် တွေ ကြည်			
Enclosed is a check for the	ne following amount:	14 C			
5. \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section			
P.O. Box 632		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear	rs on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 4 000 156 237</u>	• • •	04/01/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	ere:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "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)	<del></del>	
B. If amending the registered agent and/or registered office a	ddress on our re	== == == == == == == == == == == == ==
agent and/or the new registered office address here:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Flor	ida street address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	<b>3</b> ,	ig Civil
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in C	my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is

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 Name

Address

Addres Vice Pres. \_\_\_\_\_\_ □Remove ..... □Change \_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_ □Change 

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etive date, if other than the date of filing: ffective date is listed, the date must be specific and ear. If the date inserted in this block does not meant is effective date on the Department of Starten	annot be prior to date of T et the applicable statut	ling or more than 90 days	optional) after filing.) s. this date v	Pursuant to 605.0. vill not be listed
ord specifies a delayed effective date, but not ar filed.	n effective time, at 12:	01 a.m. on the earlier c	of: (b) The	90th day after t
04/15/2004				
	NI			
/	9			

Filing Fee: \$25.00