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(City/State/Zip/Phone #)

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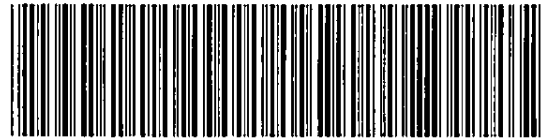
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bernard's Investigation & Security 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:

Roderick Bernard Rolfe
Name of Person
Bernard's Investigation & Security LLC
Firm/Company
2332 Galiano Street 2nd Floor
Address
Coral Gables FL 33134
City/State and Zip Code
roderick.bernardsinvestigation@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roderick Bernard Rolfe at (754) 251-7055
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BENARD'S Investigation & Security
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on April 15, 2024 and assigned
Florida document number L 24000175581

This amendment is submitted to amend the following:

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

ICU Security LLC
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)
300 NW 36th St
Miami FL 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)
8429 Heath DR Apt 8
Houston TX 77054

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:

New Registered Office Address:

Roderick Bernard Rolfe
300 NW 36th St
Enter Florida street address
Miami Florida 33127
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.

BR
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>
<u>MGR</u>	<u>Roderick Bernard Rolfe</u>	<u>300 NW 36th St</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33127</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Roderick Bernard Rolfe</u>	<u>300 NW 36th St</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33127</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Ap</u>	<u>Roderick Rolfe</u>	<u>300 NW 36th St</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33127</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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 May 30, 2024

Roderick Bernard Relfe
Typed or printed name of signer

Filing Fee: \$25.00