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.

(((H24000244784 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS CENTER LLC

Account Number : I20200000188 Phone : (305)302-7500

Fax Number : (305)207-0950

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

Email Address: pktrucks@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MPR SECURITY SERVICES LLC

Certificate of Status	П
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M. SOLOMON

JUL 19 2024

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations H24000244784 3

MPR SEC	URITY SERVICES LLC		
	Name of Li	mited Liability Company	
	f Amendment and fee(s) are su ondence concerning this matte		
	MIRIAM \$. BEOTO		
		Name of Person	
	SMALU BUSINESS CEN	TER LLC	
		Firm/Company	
	4441 SW 134TH CT		CHETARY
·		Address	SS SS
	MIAMI, FL 33175		in C
	pktrucks@yahoo.com	City/State and Zip Code	FLORIDA
For further information of	n-mail address: concerning this matter, please o	to be used for future attitual report notific	ation)
MIRIAM S. BEOTO		305 302-7500	
Name of Person		at () Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (edutional copy is onclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Section	on

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

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

ARTICLES OF AMENDMENT H24000244784 3 TO ARTICLES OF ORGANIZATION OF

MPR SECURITY SERVICES LLC			
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co		05/01/2024	and and
Florida document numberL24000203800			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	1'P'	
N/A			
The new name must be distinguishable and contain the words "Limit	(ed Liability Company " the de	Signation "T I E" the	
Enter new principal offices address, if applicable:	N/A	organion EEC of the	and revision T.L.C.
Principal office address MUST BE A STREET ADDRI	<u> </u>		
			<u> </u>
			<u>700 ₹</u>
Enter new mailing address, if applicable:	N/A		21.8 21.8 21.8
Mailing address MAY RE A POST OFFICE BOX			
I If amonding the most send of			
If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent: N/A			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
Television Syrice Address,	Enter Florid	a sirvet address	
	,		
	Cin	, Florida	7.6.6
ew Registered Agent's Signature, if changing Registered A			Zip Code

N gnature, 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 H24000244784 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Albomoz Alvarez, Reinaldo	13323 SW 217 TERR	
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AMBR	Morales, Ronaldo	13323 SW 217 TERR	DAdd
		MIAMI, FL 33170	□ Remove
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ective date, if other than the dat	e of filing:			(optional)		
coffective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depart	uoes noi mest tae ant	としゅうしゅ とこうしょうへつ	g or more than 90 da y filing requiremen	ys after filing.) Pur: its, this date will	suant to 605 nor be list	:0207 ed as
nument's effective date on the Depar	tment of State's recor	rds.		,		
cord specifies a delayed effective da s filed.	e, but not an effective	e time, at 12:01	a.m. on the earlier	of: (b) The 90:	h day after	r the
ed JULY 18	2024					
	<u> </u>	2				
		ann _				
Sign	active of a member or an	ithorized represer	tative of a member			

Filing Fee: \$25.00

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