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## **COVER LETTER**

	vision of Cor			
SUBJECT:	Security Es	sentials LLC		
SOBJECT.		Name of Lim	nited Liability Company	<u>_</u>
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Ronald E Remer		
		<del></del>	Name of Person	
		Security Essentials LLC		
			Firm/Company	6 5 2 3
		5800 Sandbirch Way		
		<del></del>	Address	
		Lake Worth, FL 33463		- 3
			City/State and Zip Code	
		ronalderemer@gmail.com	to be used for future annual report noti	
F 6 4 '	<i>p</i>		·	rication)
		oncerning this matter, please c	an:	
Ronald E R			305 985-9794 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 )	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	··
	gistration S vision of C	section orporations	Registration Sec Division of Cor	
	). Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Security Essentials LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Plorida document number L24000224634		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
RRLR Investigations LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		<del></del>
Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-·-
		:. G
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent.	<del>.</del>	•
New Registered Office Address:		
	Enter Florida street addres	KN .
	, FI	orida Zip Code
	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 dutics, 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>	Name	Address	Type of Action
			DAdd
			□Remove
			☐Change
			Remove
			⊠Change
			た 回倒hange こ
	<del></del>		
			Петюче
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		Paul (1775) (177
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etive date, if other than the offective date is listed, the date must in this blooment's effective date on the Demont's effective date on the Demont's effective date.	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after t
d August 7th	2024	
	(4)	