# 12400023311/

(Requestor's Name)
(requesters a name)
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(Address)
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(Document Number)
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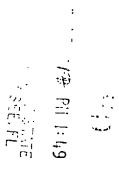
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#### **COVER LETTER**

TC: Registration Section
Division of Corporations

### SUBJECT: JC MCGRATH ENTERPRISES LLC, DBA NETSEC NETWORK SECURITY

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:

	LANATO O N	ICCDATU	
	JAMES C N		<del>_</del>
		Name of Person	
	NETSEC NE	TWORK SECURITY	
	<del></del>	Firm/Company	
	4116 LAMS	ON AVE	
		Address	·
	SPRING H	ILL, FL 34608	
		City/State and Zip Code	
	24NETSEC	@GMAIL.COM (to be used for future annual report no	tification)
For further information of	oncerning this matter, please of	•	arrealist)
JAMES C MC	GRATH	at ( 816 ) 316 6	3 <b>4</b> 08
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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)
Mailina Adduss	_		

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

## JC MCGRATH ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 20 MAY 2024 and assigned Florida document number <u>L24000233117</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

#### 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.

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>	Address	Type of Action
MGR	THOMAS C WOOTEN	2195 MALAGA AVE	XAdd
		SPRING HILL, FL 34609	□Remove
			□Remove
			□Change
<del></del>		·	□Add
			□Remove
			□Change
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effecti	ive date, if other than the date of filing:(optional)
i uli cii	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
vote:	nent's effective date on the Department of State's records.
vote:	
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Filing Fee: \$25.00