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COVER LETTER

	Registration Se Division of Cor				
CHD IE		ity Guard Services LLC			
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Andy Cejas			
			Name of Person		
Elite Security Guard Services LLC					
Firm/Company			· 		
		20441 NE 30th Ave			
		Address			
		Aventura FL 33180	,		
		City/State and Zip Code			
		Andycejas@msn.com			
			to be used for future annual report no	otification)	
For furth	er information c	concerning this matter, please c	all:		
Andy Ce	ejas		786 317-0333		
•	Name o	of Person		ime Telephone Number	
Enclosed	Lis a check for th	he following amount:			
	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		Street Address: Registration S	Section	
	Registration S Division of C		Division of Co		
	P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Company were filed on	and assigned
Florida document number 1.24000278097	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Palms Security Guards LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24,8
Principal office address MUST BE A STREET ADD	RESS)	
		0
		기 등 기 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, g	enter the name of the new regis
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	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.

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
			□Add
			Remove
			☐ Change
			□ Add
			Remove
		 	□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			☐ Change
			□Remove
			Change
			□ Add
			□Remove

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Maating	e date, if other than the date of filing: (optional)
an effect ote: If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
is filed	
ated	september 17 th . 2024
	\sim

Typed or printed name of signee