124000354079

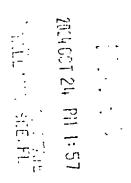
(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Copies Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer: Name (hange Amendmen)
1

Office Use Only



500438469845

10/24/24--01021--011 **60.00





CUTER DELIER

Or Registration Section **Division of Corporations** Assured Security Professionals LLC SUBJECT: 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: Jerry R. Chlada Jr. Name of Person Assured Security Professionals LLC Firm/Company 9890 Springrun Blvd.Unit 2803 Address Estero, Fla. 34135 City/State and Zip Code jchladajrl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jerry R. Chlada Jr. 243-6431 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

Assured Security Professionals 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 $\frac{8-12-24}{2}$ Florida document number L24000354079 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C5 Security Professionals LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 9890 Springrun Blvd Enter new principal offices address, if applicable: Unit 2803 (Principal office address MUST BE A STREET ADDRESS) Estero, Fla. 34135 7501 Halesia Ct Enter new mailing address, if applicable: Orland Park, Il. 60462 (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 . Florida _ City

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.

or removed fr	om our records:	iage, enter the time, hame, and address of each j	octson ochig augeu
MGR = Mai	nager Thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			🗆 Remove
			□Change

							_		
							-	_	
	·						_		
							-		
			. <u>-</u>		 .				
							_		
			_						
					•			·- <u>-</u>	
									
							_		
							_		
			_		<u>-</u> .				
		<u> </u>						-	
<u>ote:</u> If th	date, if other to we date is listed, the he date inserted is effective date	in this block doe	s not meet	the applical					
ecord sp is filed.	pecifies a delaye	l effective date,	out not an	effective tin	e, at 12:01 a	.m. on the e	arlier of: (l) The 90th	day after the
ited	18-00	tober	· _	2024	- - •				
	18-00	Signatu	re of a men	nber of author	ized representa	ntive of a me	mber		
	•	enyR							
	\)	CITY K	- UN 1	coc s	K				

Filing Fee: \$25.00