(((H24000340769 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAMARIS ACCOUNTAX SERVICE CORP

Account Number : I20210000135 : (305)851-6977 : (786)350-2077 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFESSIONAL SECURITY GROUP LLC

Certificate of Status	0
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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROFESSIONAL SECURITY GROUP LLC			
(Name of the Limited Liability Comp. (A Florida Limited	nany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on 09/12/2024 and assigned		
Florida document number L24000399786			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A €		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	N/A 20 RP 17		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist		
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Emer Florida street address		
	, Florida		
	City Zip Code		

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

MGR = Manager AMBR = Authorized Member

or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	JORGE L PEREZ	15476 NW 77TH CT STE 433	□Aċċ
		MIAMI LAKES, FL 33016	≡ Remove
			[]Change
MGR JOEVONIE L PEREZ	JOEVONIE L PEREZ	15476 NW 77TH CT STE 433	
		MIAMI LAKES, FL 33016	□Remove
			□Change
			□Add
		.	□Remove
			☐ Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change

LEAVE EDWIN F GONZALE	Z AS A MGR WITH 1% OF OWNERSHIP
REMOVE JORGE L PEREZ	
	
	
	
Effective date, if other than the da	ate of filing: 10/10/2024 (optional)
If an effective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (c does not meet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective d rd is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 10TH	
	Enature of a member or authorized representative of a member
	(dwn Gonzalez

Filing Fee: \$25.00