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(850) 656-4724 3558 lakesore Drive Tallahassee, FL 32312

D	Acc#120160000072
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Name:	SERVICES ACQUISITION, LLC
Document #:	
Order #:	5248821 - 47
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	Country of Destination:
Apostille/Notarial Certification:	Number of Certs:
Filing: 🚺	Certified:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

		$\frac{\omega}{2}$
SECTION I (1-4 must be completed)	•	
Name of limited liability Company as it appears on the records of the Florida Department of		·-)
State: A Services Acquisition, LLC	-	73%
		-,2
Enter new principal office address, if applicable:	: -	<u>-</u> 23
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address		
MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liability company is: M16000006411		
3. Jurisdiction of its organization: South Carolina	 	
4. Date authorized to do business in Florida: 7/28/2016		
SECTION II (5-9 complete only the applicable changes)		
S. New name of the limited lightlity company. GDI Security Services LLC		
(must contain "Limited Liability Company, " "L.L.C.	," or "LL	.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	la and atta le alternat	ich a e name
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	of the ne	<u>w</u>
Name of New Registered Agent:		_
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 the provisions of all statutes relative to the proper and complete performance of my duties, and I a and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered office address, I hereby confirmability company has been notified in writing of this change.	m jamilia Or, if this	r wun

If Changing Registered Agent, Signature of New Registered Agent

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Remo	
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aforementioned am	icate, if required: no more than endment(s), duly authenticated the law of which this entity is o	d by the official having custody of records in t	□Remo	
	Signature	of the authorized representative -		

Filing Fee: \$25.00

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ONFILE IN THIS OFFICE

> Oec 06 2023 REFERENCE ID: 1490323

The House

STATE OF SOUTH CAROLINA SECRETARY OF STATE

File ID: 231122-1049163 Filing Date: 11/22/2023

AMENDED ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY -DOMESTIC

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

The name of the limited tiability company is:
A Services Group, LLC
The date the articles of organization were fited is 7/21/2016
 The articles of organization are amended in the following respects, of which all amended provisions may lawful be included in the articles of organization. If the spece on this form is not sufficient, please attach additional sheet containing a reference to the appropriate paragraph on this form.
Paragraph 1 of the Articles of Organization of the Company is hereby amended and restated in its entirety to real as follows:
"1. The name of the limited liability company is GDI Security Services LLC."
Signature:
Capacity/Position of Person Signing (you must check one box):
Manager Member Crganizer
Fiduciary Attorney-In-Fact
Stéphane Lavigne
(Print or Type Name)
Dato: 11/20/7023

Form Revised by South Carolina Secretary of State, August 2018 F0030