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From:

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Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED LINE SECURITY GUARD AND INVESTIGATIONS L.L.C.

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Tallahassee, FL 32314

COVER LETTER

TO: Registration S Division of Co			(((H24000142921 3)))
	RED LINE SECURITY GU	ARD AND INVESTIGATIONS L.	L.C.
SUBJECT:	Name of Lim	ited Liability Company	· ·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 :	STE 220	
		Address	
	HOUSTON, TX 77064		
	efile1234@inefile.com	City/State and Zip Code	(cation)
For further information	concerning this matter, please of		Kallana
LOVETTE DOBSON		1 (888) 462-34	53
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (Street Address: Registration Sec Division of Cor	
P.O. Box 63	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000142921 3)))

(((H24000142921 3)))

RED LINE SECURITY G	UARD AND INVESTIGATIONS	L.L.C.
(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor Florida document number M23000015425	mpany were filed on $\frac{12/07/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	n"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
		202
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		(i)
prisoning water control to the contr		<u></u> : ,
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records,	enter the name of the new registere
New Registered Office Address:		
New Registerer Office Address.	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my dut nt as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JASON BALDWIN	5078 PRESTONWOOD LANE	□Add
		FLUSHIN, MI 48433	<u>≘</u> Remove
			□Change
			□Add
			□Remove
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ocument's effective date on the Depa	ertment of State's records.			
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t is filed.	iate, but not an effective this	e, ac 12.01 a.m. on a	ic carrier or. (b) The zon	n day and the
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Si	gnature of a member or author	ized representative of a	member	

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