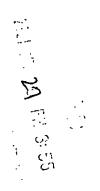


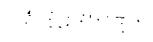
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(Docu	ment Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only









2001 SEP 27 PH 12: 49

Letter Number: 521A00020648

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2021

REGINALD HALL 1546 BIG OAKS DR. APT. 303 LAKELAND, FL 33810

SUBJECT: HALL SECURITY PATROL SERVICES LLC

Ref. Number: L21000163061

We have received your document for HALL SECURITY PATROL SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is M18000003470, HSPS_LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 49	11 Security	y Patrol Sec fied Liability Company	rilies 240
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspondence	ondence concerning this matter t	to the following:	
	Reginel	Name of Person	
		Name of Person	
	Hall Securi	Firm/Company	ervices LLC
	1546 Big	OGICS OF AP+	303
	Lakeland	City/State and Zip Code	0
	HSPS // S	City/State and Zip Code 2709 9 M91/, o be used for fature annual report notif	om ication)
For further information c	oncerning this matter, please ca		
Reginald	Hq//	at (863) 27 Area Code Daytime	7 2 2 2 9 5 - Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl. \$60.00 Filing Fee, Certificate of Status & 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

Name of the Limited Liability Compa (A Florida Limited	ary as it now appears on our records.) Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number 2/00/6306/		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable of the limited liable of the limited liable of the new name must be distinguishable and contain the words "Limited Liable of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1546 Big Daks [Lakeland Fe 3]	Dr Apt 303
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 nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	77.6
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to marely reflect a change in the registered office	ree to act in this capacity. I further ago e performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	ree to comply with the amiliar with and S if this document is

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 mistage, 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	
	<u></u>	□Add	
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		□Remove	
			□Change
			□Add
		□Remove	
		□Change	
		□Add	
		□ Remove	
			□Change

-	
	
(If an effective d Note: If the	te, if other than the date of filing:
the record speci cord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 8	/11/21 , 3:53pm.
·	
	Signature of a member or authorized representative of a member
	Tegin 4/U Hall Typed or printed name of signee