Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHEAST FIRE PROTECTION, LLC

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Electronic Filing Menu

Corporate Filing Menu

7/1/2015 1:26:25 PM From: To: 8506176383(2/4)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southeast Fire Protection, LLC				
(Name of the Limited Liability Common (A Florida Limited	I Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on Mo	arch 18, 2003	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company be	IE:		
The new name must be distinguishable and contain the words "Limited Liah	nility Company," the d	esignation "LLC" or the el	breviation "L.I	C."
Enter new principal offices address, if applicable:	3017 Vernon Ro	oad, Suite 100, Richmor	id, VA 23228	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	3017 Vernon Re	oad, Suite 100, Richmor	nd, VA 23228	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	<u>·</u>			
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zio Code	
New Registered Agent's Signature, if changing Registered Agen	•		-	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of a provided for in (my duti es , and I am Chapter 605, F.S. Or	familiar wit , if th <u>is</u> docu	man is JUL - I
IfCh	nanging Registered A	ent, Signature of New R	celstered Agen	
Page	e 1 of 3		JIMOJ.	CORPORAT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			© Remove
			C Change
			DbA 🖸
			□ Remove
			El Change
			D Add
			Q Remove
			☐ Change
			D Add
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			□ Change
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			SECRETARY OF STATE OF

41 910	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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en eff i <u>ste:</u> veum	ive date, if other than the date of filing: (optional) Relive date is listed, the date must be specific and caused be prior to date of filing or more than 90 days after fifing.) P If the date inserted in this block does not most the applicable statutory filing requirements, this date without's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	il not be listed as t	he	
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