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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
↓ FAMILY I	PROTECTOR LLC	•	in a section of the s
SUBJECT:	Name of Lim	nted Liability Company	<del>- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE O HINCAPIE		
		Name of Person	
	FAMILY PROTECTOR I	.t.C	
		Firm/Company	
	3024 SEAVIEW CASTLE	EDR	
		Address	
	KISSIMMEE, FLORIDA.	34746	
		City State and Zip Code	<del></del>
	moranprofessional.services	*	·•·
For further information c	oncerning this matter, please c	to be used for future annual report not all:	onemon)
JORGE O HINCAPIE		407 4536400	
Name o	f Person	at (1	ne Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sc	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	rt. 54314	2415 N. Monre	be Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FAMILY PROTECTOR LLC

(Name of the Limit	ed Liability Compa (A Florida Limited l	iny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L21000208612	iability Company	were filed on $\frac{05/0}{}$	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	¥	
JH FAMILY PROTECTOR LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	3024 SEAVIEW	CASTLE DR	
(Principal office address MUST BE A STREE		KISSIMMEE, FL 34746		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3024 SEAVIEW CASTLE DR KISSIMMEE, FL 34746		
B. If amending the registered agent and/or ragent and/or the new registered office addre	C.	address on our rec	ords, enter the name of the new regi	
Name of New Registered Agent:	JORGE O HINCAPIE			
New Registered Office Address:	3024 SEAVIE	W CASTLE DR		
		Enter Florid	a street address	
	KISSIMMEE		, Florida <u>34746</u>	
		City	Zin 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 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 Changing Registered Agent, Signature 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JORGE O HINCAPIE	3024 SEAVIEW CASTLE DR	<b>≘</b> Add
		KISSIMMEE, FL 34746	□Remove
			☐ Change
DIR	MARTHA MEZA BARRETO	3024 SEAVIEW CASTLE DR	
		KISSIMMEE, FL 34746	
		<del></del>	Change
		<del>.</del>	□Add
			□Remove
			□Change
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Signature of a member or authorized representative of a member	tted		r. OM		
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Filing Fee: \$25.00