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TO: Registration Section Division of Corporations BLUE ESCORTS & PROTECTION SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HAMMONDS, SHAKEISHA D Name of Person Firm/Company 15 SW 18TH AVE Address FORT LAUDERDALE, FL 33312 City/State and Zip Code Bluesescortsprotectionservices@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: SHAKEISHA D HAMMONDS. Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

merosed is a check for the 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 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

# TO ARTICLES OF ORGANIZATION OF

### BLUE ESCORTS & PROTECTION SERVICES LLC

(A Florida Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company	were filed on November	3, 2022	_ and assign
Florida document number L21000330656	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
BLUE'S ESCORTS & PROTECTION SERVICE	S LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbre	viation "L.L.C.
Enter new principal offices address, if appli	15 SW 18TH AVE			
(Principal office address MUST BE A STREA	FORT LAUDERDALE.	.FL 33312		
				<del>-</del> .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> (BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our records,	enter the name o	f the new reg
Name of New Registered Agent:	SHAKEISHA	D HAMMONDS.	ン・ ・ ・ ・	
New Registered Office Address:	15 SW 18TH A			至。
	FORT LAUDE	Enter Florida street RDALE	Florida <u>33312</u>	24
		Chy		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 to comply wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of 2
MGR	TATYANNA STOKES	37 S.W 18TH AVE FORT LAUDERALE FL 33312	<b>=</b> Add
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Effect	ive date, if other than the date of filing:
(If an ef Note:	fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.
ne reco. ord is ti	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte fled.
Dated	
	Signature of a member or authorized representative of a member
	SHAKEISHA D HAMMONDS.