

B17000000198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

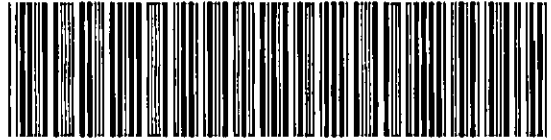
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
19 APR 25 PM 4:34  
JANUARY 2019

MAY 08 2019

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLIED FIRE PROTECTION, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Vicki Morgan

Contact Person

ALLIED FIRE PROTECTION, LP

Firm/Company

2003 Mykawa Road

Address

Pearland TX 77581

City, State and Zip Code

vmorgan@alliedfireprotection.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Morgan

Name of Contact Person

at ( 281 )

Area Code

485-6803 x 1109

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☒ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

ALLIED FIRE PROTECTION, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B17000000198

2. The jurisdiction of its formation is: Texas

3. The date the entity was authorized to transact business in Florida is: 8/11/2017

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Jonathan HUBBARD

2003 Mykawa Rd

☐ Add

Pearland TX 77581

☐ Remove

☐ Change

Shannon PAYNE

2003 Mykawa Rd

☐ Add

Pearland TX 77581

☐ Remove

☐ Change

TROY DAVENPORT

2003 Mykawa Rd

☐ Add

Pearland TX 77581

☐ Remove

☐ Change

TROY SAMBRANO

2003 Mykawa Rd

☐ Add

Pearland TX 77581

☒ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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☐ Remove

☐ Change

19

APR 25 PM 4:33

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

N/A

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

N/A

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

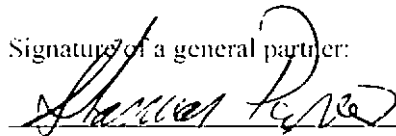
N/A

10. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Shannon Payne

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75