

203000038517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

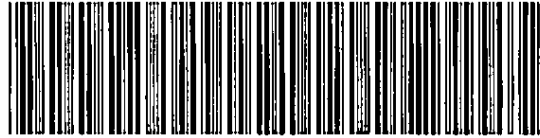
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M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shavon L. Jones, P.L.L.
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:

Shavon Jones

Name of Person

Shavon L. Jones, P.L.

Firm/Company

P.O. Box 612851

Address

Miami, FL 33261

City/State and Zip Code

shavonj98@yahoo.com

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

For further information concerning this matter, please call:

Shavon Jones 786 463-4450
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

Enclosed 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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Shavon L. Jones, P.L.

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

The Articles of Organization for this Limited Liability Company were filed on 10/09/2003 and assigned
Florida document number L03000038517.

This amendment is submitted to amend the following:

Regulator Guards, LLC

A. If amending name, enter the new name of the limited liability company here:

Regulator Guards, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the

brevia

Enter 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, **Florida**

City

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

2018 JUL 15 PM 3:36
☐ Remove
☐ Change
☐ Add
☐ Remove



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2019

SHAVON JONES
PO BOX 612851
MIAMI, FL 33261

SUBJECT: SHAVON L. JONES, P.L.
Ref. Number: L03000038517

We have received your document for SHAVON L. JONES, P.L. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 319A00011485

RECEIVED

JUL 15 2019



14311 Biscayne Blvd., Suite 2851, Miami, FL 33181
Telephone (786) 463-4450 • Facsimile (786) 463-4890

July 8, 2019

Via First Class Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Letter Number: 319A00011485

Dear Ms. Scott:

Enclosed please find the corrected Articles of Amendment to Articles of Organization of Shavon L. Jones, P.L. The new name is RegulatorGuards, LLC.

Should you require anything further, kindly contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Shavon L. Jones".

Shavon L. Jones

Enclosures