

From: Robig O'Connor
3/24/2015

Fax: (886) 473-0571

To: +18506176383

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)706-2336
Fax Number : (866)473-0571

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

Email Address: vb@bornltregerprotection.com

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2015 MAR 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VERN BORNLTREGER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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INFORMATION SERVICES

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J. BRUCE**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERN BORNTREGER, LLC

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:

VERNON BORNTREGER

Name of Person

BORNTREGER PROTECTIVE SOLUTIONS, LLC

Firm/Company

15945 HANCOCK RD

Address

SARASOTA, FL 34240

City/State and Zip Code

VB@BORNTREGERPROTECTION.COM

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

For further information concerning this matter, please call

VERNON BORNTREGER

941 726-0978

at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 24 PM 3:01

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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

VERN BORTREGER, LLC

(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 11/08/2005 and assigned.
Florida document number L05000108481

This amendment is submitted to amend the following:

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

BORTREGER PROTECTIVE SOLUTIONS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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 2015 MAR 24 PM 3:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

City

Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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☐ Add

☐ Remove

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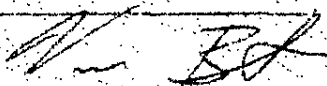
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated MARCH 23 2015



Signature of a member or authorized representative of a member

VERNON C. BORNTRAGER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

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