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COVER LETTER

TO:		ition Sec of Corp		ıs					
SUBJE		Name	to b	e change	ed to:	Strategio	c Fire	Protection,	LLC
SUBJE	.c			Name	of Limited	Liability Company			
The end	closed Art	icles of A	mendn	nent and fee(s)	are submit	ted for filing.			
Please r	return all o	correspor	idence (concerning this	matter to	the following:		•	
				Duanne P	. Ande	rson Name of Person			
			<u></u> .	Duanne Ai	nderso	n Company,	LLC	(Old Name)	
			5	Strategio	c Fire	Protection	n, LLC	(New Name)	
						Firm/Company			
				14855 S	eminol	e Trail			
						Address			
				Seminol	e, FL	33776			
					(City/State and Zip Coo	le		
				canders	4@tamp	abay.rr.co	m		
				E-mail a	ddress: (to b	e used for future annu	al report not	tification)	
For furt	ther inform	nation co	ncernin	g this matter, p	olease call:				•
Dua	inne A	nders	on ·			at (727)	234-8	032	
		Name of	Person			Area Code	Daytir	ne Telephone Number	
Enclose	ed is a che	eck for the	e follov	ving amount:					
\$25	.00 Filing	Fee		0.00 Filing Fee Certificate of S		□\$55.00 Filing Fee Certified Copy (additional copy		•	of Status &

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**

Duanne Anderson Company, (Name of the Limited Liability Compan) (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on09/18/06	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Strategic Fire Protection, LLC The new name must be distinguishable and end with the words "Limited Liabil	lity Company "the designation "LLC" o	r the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	Acres 4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	EB I 4 PM II SU WETAKY OF STATE WHASSEE, FLORID
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:	MIA	
New Registered Office Address:	Enter Florida street address	
÷	. Florid	lo.
·	City , Floric	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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ Add
			Remove
			− _ □Add
		—	Remove
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f an effectiv		date must be	specific and car	nnot be more tha	n 90 days afte	_ (optional) er filing.) (605.0207 (3)(1
ated <u>F</u>	brugary	//	, 2014	. •		
	Guann	e P. A	nolerso	n	·	
		Signature of	f a member or aut	horized represent	ative of a mem	ber
	Duanna	P. And	erson			
	Duanne	F. And	CIBOII			

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