10900118830

(F	Requestor's Name)	
A)	Address)	
A)	Address)	•
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

JUN - 9 2010

EXAMINER

Office Use Only



800173373978

04/06/10--01006--009 **25.00

SECRETARY OF STATE

To Whom It May Concern:

Please be advised that members of this company, ETS Protection, LLC are current/former members of the Law Enforcement community and will be engaging in work which may be deemed hazardous to the parties and families involved. If at all possible we wish to request that the home addresses listed are not advertised on the state website. We do understand that we are operating out of a home office, but still dually request for all address stricken except for that of our PO Box. Thank you in advance for all help rendered in this matter!

ETS Protection LLC staff:

COVER LETTER

TO: Registration S Division of Co		* * * * * * * * * * * * * * * * * * *	
SUBJECT:	ETS P	ROTECTION	
		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		MUSA YAHYA	
		Name of Person	
		ETS PROTECTION	
		Firm/Company	
		PO BOX 669375	
		Address	
	POME	PANO BEACH, FL. 33066	3
		City/State and Zip Code	
	ETSPRO E-mail address: (1	TECTION@COMCAST.Note to be used for future annual report no	NET
For further information	concerning this matter, please c		,
М	USA YAHYA	at (954)	482-6633
Name	of Person	Area Code & Dayt	ime 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 enclose	Sed) \$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



April 13, 2010

MUSA YAHYA P.O. BOX 669375 POMPANO BEACH, FL 33066

SUBJECT: ETS PROTECTION, LLC

Ref. Number: L09000118830

We have received your document for ETS PROTECTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All documents/addresses/information supplied to this office is public record. You will need to provide an address for the business principal place of business address, mailing address, registered agent address and managers/managing members addresses. The principal place of business address and the registered agent address may be a % of address in care of someone else that has a street address as well as all other addresses. The mailing address and manager/managing member addresses may be at a post office box if needed.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 010A00009046



April 28, 2010

MUSA YAHYA P.O. BOX 669375 POMPANO BEACH, FL 33066

SUBJECT: ETS PROTECTION, LLC

Ref. Number: L09000118830

We have received your document for ETS PROTECTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 410A00010547

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E1	S PROTEC	CTION, LLC			
(Name of the Limited I (A)	Liability Compan Florida Limited Li	y as it now appears (ability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document numberL090001188		were filed on	12/14/2009	and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compan	y," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		490 LOCK ROAD APT. #240			
(Principal office address MUST BE A STREET ADDRESS)		DEERFIELD BEACH, FL. 33442			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 669375 POMPANO BEACH, FL. 33066			
B. If amending the registered agent and/or registered agent and/or the new registered offi			ır records, <u>enter th</u>	e name of the nev	
Name of New Registered Agent: MUSA YAH		/A`	SE	<u> </u>	
New Registered Office Address:	490 LOCK ROAD AP1. # 240				
New Registered Agent's Signature, if changing Re	Ente FIELD BEACH City	er Florida street addre	₹33442 ₹37 Côde		
		>			

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gary Roach	P.O. BOX 669375 POMPANO BEACH, FL. 33066	✓ Add ☐ Remove
<u></u>			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			_
	4/22/2010		-
Dated	412212010		
	Signature of a	nember or authorized representative of a member MUSA YAHYA	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00