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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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SECRETARSEE. FLORIDA

C. LEWIS

APR 21 2010

EXAMINER

COVER LETTER

TO: Registration S			
SUBJECT:	Secure Ass	set Protection, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	ondence concerning this matter	r to the following:	
		Justin Ayoub	
		Name of Person	
		Firm/Company	
121		Cumberland Ave Suite 1102	
		Addiess	
		Tampa, FL 33602	
		City/State and Zip Code	
	Ju E-mail address: (stin0227@gmail.com to be used for future annual report notifica	ation)
For further information	concerning this matter, please of		anon)
	Justin Ayoub		15-2989
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)	Sectificate of Status & Certificate 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

FILED

2010 APR 19 PM 2 44

Secure Asset P (Name of the Limited Liability Compar (A Florida Limited L	rotection, LLC ny as it now appears on our reco lability Company)	SECRETARY OF STATE OF	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000040812</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Strategic Asset P	rotection, LLC		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1211 E Cumberland Ave	Э	
(Principal office address MUST BE A STREET ADDRESS) Suite 1102			
	Tampa FL 33602		
Enter new mailing address, if applicable:	1211 E Cumberland Ave	9	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1102		
	Tampa FL 33602		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new	
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 608, 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 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

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
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	Justin	Aloub	ALE RIDE
	Тур	ed or plinted name of signee	

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Filing Fee: \$25.00