

L11000090351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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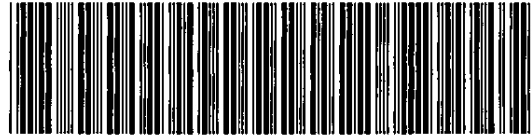
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 25 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LION PROTECTIVE SERVICES 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:

JOIBER LASTRA

Name of Person

LION PROTECTIVE SERVICES LLC

Firm/Company

3365 EAST 4TH AVE APT#5

Address

HIALEAH, FL 33012

City/State and Zip Code

joiberlastra@gmail.com

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

For further information concerning this matter, please call:

JOIBER LASTRA

Name of Person

at (786)

518-7937

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

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TALLAHASSEE, FLORIDA

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

LION PROTECTIVE SERVICES 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 08/05/2011 and assigned
Florida document number L11000090351.

This amendment is submitted to amend the following:

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

LASTRA PROTECTIVE SERVICES LLC

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

Enter new principal offices address, if applicable:

555 EAST 25TH STREET SUITE 204

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33013

Enter new mailing address, if applicable:

555 EAST 25TH STREET SUITE 204

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33013

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 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

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TALLAHASSEE, FLORIDA

MGR = Manager
MGRM = Managing Member

[illegible]

LORIPA



[Signature]

Typed or printed name of signee

Filing Fee: \$25.00

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Add Remove
COURT CLERK OF STATE
TALLAHASSEE FLORIDA