## L12000000083

(Requestor's Name)	
(Requestor's Name)	•
(Address)	
(Address)	13
(City/State/Zip/Phone #)	, <u> </u>
PICK-UP WAIT	□ MJ
(Business Entity Name)	
(Document Number)	
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Comments of the second of the

T. CLINE FEB, - 2 2812 EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	The Etiquette & F	Protocol Professional LLC	
John Levis	<del></del>	nited Liability Company	<del></del>
	of Amendment and fee(s) are su	_	
i lease forming to the	sponderace concerning and many	a to the following.	
		Erma I. Bennett	
	The Etique	ette & Protocol Professional LL	C
	The Luque	Firm/Company	
	6586	Hypoluxo Road, Suite 313	***
		Address	12 II
		Lake Worth, FL 33467 City/State and Zip Code	
	E-mail address:	ette_Protocol@yahoo.com	
For further information	n concerning this matter, please	•	STATE SE
	rma I. Bennett	at ( 561 ) 34  Area Code & Daytime To	0-9814
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)
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Etiquette &	Protocol Professi	onal LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now apper Limited Liability Company	ars on our records.		
The Articles of Organization for this Limited Liability ( Florida document number L1200000083	Company were filed on	January 3, 2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company h	ere:		
The Proto	ocol Professional LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	pany," the designation "LI	.C. or the abbrev	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		\$3.50 <u>+</u>	ij.
•				-
Enter new mailing address, if applicable:			STATE	Spires and
(Mailing address MAY BE A POST OFFICE BOX)			Sm &	
Withing unifess WAT DE A FOST OF FICE BOAT				
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on lress here:	our records, <u>enter th</u>	e name of the	new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		nter Florida street addre	256	_
	L		<i></i>	
	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 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 = N	1anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Add Remove
	<del>.</del>		Add Remove
	<u> </u>		T Damesta
			<del></del>
			Add  Remove
<del></del>			Add
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, ij	Inecessary.
_			
Dated	January 26	,	
	Signature of	a member or authorized representative of a member	
		Erma I. Bennett	

Page 2 of 2

Filing Fee: \$25.00