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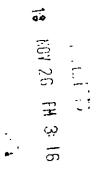
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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COVER LETTER

Division of Co	rporations		
	TIONAL NIGHT& DAY PRO	TECTION, LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following.	
	BRIAN D. SMITH, ESQ.		
		Name of Person	
	LAW OFFICES OF BRIAN	D. SMITH	
		Firm/Company	<u> </u>
	420 LINCOLN ROAD SUIT	E 248	
		Address	
	MIAMI BEACH, FL 33139		
	bdslaw@bellsouth.net	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
BRIAN D. SMITH, ES	SQ.	305 672-7000 at ()	
Name	of Person	Area Code Daytime	e 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

TO:

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

INTERNATIONAL NIGHT & DAY PROTE	,	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary	ompany were filed on JANUARY 19, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "I.I.C" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PESS)	9 .
		25
		T i
Enter new mailing address, if applicable:		دب
(Mailing address MAY BE A POST OFFICE BOX)		* 6
B. If amending the registered agent and/or regist		the name of the n
registered agent and/or the new registered office addr	ress 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR 	FRANCK PALA	530 NW 108 ST	Add
		530 NW 108 ST MIAMI FL 33168	Remove
			Change
			Remove
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ffective date, if other than the	date of filing:	(optional) te of filing or more than 90 days after filing.) Pursuant to 605	
an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable	te of filing or more than 90 days after filing.) Pursuant to 605 statutory filing requirements, this date will not be list	5.020 ed a
e record specifies a delayed The 90th day after the rec		effective time, at 12:01 a.m. on the earlie	er o
NOVEMBER 1,	2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00