

L12 000018440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

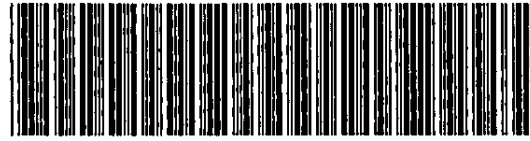
(Business Entity Name)

(Document Number)

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T. CLINE

DEC - 4 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2012 DEC - 3 PM 12:39

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A1 PROTECTION 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:

RENE BRASHOUT
Name of Person

A1 PROTECTION LLC
Firm/Company

10300 49TH STREET N, STE 200
Address

CLEARWATER, FL 33762
City/State and Zip Code

R.BRASHOUT.AAC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENE BRASHOUT at 727 771 5071
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2012 DEC -3 PM 12:39
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FILED

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

A1 PROTECTION 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 02/07/2012 and assigned
Florida document number L12000018440.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

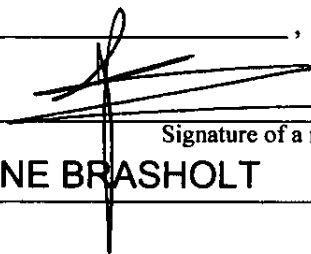
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	BRASHOLT, RENE	2021 SCOTLAND DR	<input type="checkbox"/> Add
		CLEARWATER FL 33763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/12/2012 12:39 PM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 11/28, 2012



Signature of a member or authorized representative of a member
RENE BRASHOLT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2012 DEC -3 PM 12:39
SECURITY STAMP
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/28/2012 BY 60322