L12000070748

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Na	me)
(Do	cument Number)
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SECRETARY OF STATE

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DIVISION OF CORPORATION
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COVER LETTER

TO: Registration : Division of Co	Section orporations		
PROTEC	H OF AMERICA, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all comes	condence concerning this matter	to the following:	
	Jesika Diaz		
		Name of Person	
	Law Offices of Alex D. Si	rulnik, P.A.	
		Firm/Company	
	2199 Ponce de Leon Blvd	., Suite 301	
	**************************************	Address	·
	Coral Gables, FL 33134		
	jdm@sirulniklaw.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	ali:	
Jesika Diaz		305 443-7211 at ()	
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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

ANALOGERA TO COLLEGE AND

TO ARTICLES OF ORGANIZATION OF

PROTECH OF AMERICA, LLC				
(Name of the Limited Li (A F)	iability Compa Iorida Limited I	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document numberL12000070748	ity Company	were filed on May 2	5, 2012	and assigned
This amendment is submitted to amend the followin	ıg:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the desig	nation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable	·•	1406 79 Street Caus	seway	
(Principal office address MUST BE A STREET ADDRESS)		North Bay Village,	FL 33141	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1406 79 Street Caus	seway	
		North Bay Village, FL 33141		
B. If amending the registered agent and/or registered agent and/or the new registered office			rr records, enter the	name of the bey
Name of New Registered Agent:	404 70 04	C		
New Registered Office Address:	406 79 Street	Enter Florida	street uddress	
N	lorth Bay Villa			
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere	nd complete ed agent as j	performance of my provided for in Cha	duties, and I am fam	iliar H ith Affi his docum en Lis

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

Title	Name	Address	Type of Action
MGRM	JULIO FILGUEIRAS	1455 N. Treasure Drive, Unit 4B	
		North Bay Village, FL 33141	■ Remove
			☐ Change
MGRM	JERURE S.A.	Calle Convencion No 1343 OF 403	□ Add
		Montevideo, Capital Uruguay	■ Remove
			☐ Change
MGR	JULIO FILGUEIRAS	1455 N. Treasure Drive, Unit 4B	■ Add
		North Bay Village, FL 33141	□ Remove
			Change
MGR	JERURE S.A.	Calle Convencion No 1343 OF 403	A dd
		Montevideo, Capital Uruguay	☐ Remove
			☐ Change
			SECRETARY OF STATE SECRETARY OF STATE Adjivision of an addition and additional
			Change

י נו אוווגווו	ing any other information, enter change(s) here: (Altach additional sheets, if necessary	.)		
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Note: If	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date verse feetive date on the Department of State's records.	Pursuant t vill not be	o 605,0 e fisted	207 (3)(h) as the
If the recor (b) The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	n the e	arlier	of:
Dated	ne 5 2015			
	Signature of a member or authorized representative of a member			Э¥€
	JULIO FILGUEIRAS, MANAGER	ALLAH SECRE	OI NOF 5	SION
	Typed or printed name of signee	JAFY (TARY OF CO
	Page 3 of 3	FLORIC FLORIC	AM 4:2	ORPORA
	Filing Fee: \$25.00	음파	27	TIONS