# 120000000

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## **COVER LETTER**

TO: Registration Sect Division of Corpo					
SUBJECT:	unrise Hom	de Improvement ted Liability Company	<u> </u>		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return all correspond	dence concerning this matter t	o the following:			
	Richard	Thompson Name of Person			
	Sunrise	Thompson  Name of Person  Home Improve  Firm/Company	ment		
	11441 N	M 38+L PL Address		2014 53.00	
	Sunrise	F.L 33323 City/State and Zip Code		FEB I	danas
		City/State and Zip Code  Thompsom  o be used for future annual report notifications.		- PK	
For further information cor	E-mail address: (to acerning this matter, please ca		ation)	PM 4: 24 DESTAIL	
Richard Name of F	Thompson Person	at (718) 600 - 3 Area Code Daytime T	39 Celephone 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 Certificate of Certified Co	of Status &	

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of C	were filed on <u>08/13/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  Protective Security Se  The new name must be distinguishable and end with the words "Limited Liabil	<del></del>	viation "L.L.C."
Enter new principal offices address, if applicable:	Richard Thompson	
(Principal office address MUST BE A STREET ADDRESS)	11441 N W 38+4 1 Sunrise, FL 3332	PL
	Sunrise, FL 3332	3
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		name of the new
Name of New Registered Agent:	· Ž	24 2
New Registered Office Address:	Enter Florida street address	
	Florida City Zi	in Gode
New Registered Agent's Signature, if changing Registered Agent:	<u>ت</u> ت	語
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am famil rovided for in Chapter 605, F.S. Or, if thi	liar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> MGRM Gregory Smith 11441 NW 38th PL DAdd

	Sunrise FL, 3323	Remove
 <u> </u>		
		□ Remove
		□ Add □ Remove
 		Add
		Remove
		2014 FEB 1d PH PROVE CONTROL 24

t	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.
<del></del>	
The effectiv	date, if other than the date of filing: 02-01-2014 (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	Februry 2, 2014.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Richard Thompson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB I I PM 4: 24