L12000157506

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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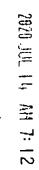
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AUG 2 6 2020 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			
C1183183	PROTECT	US NOW, LLC		
SUBJE	CCT:	Name of Lin	nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		JODI RONEN		
			Name of Person	
		JG CONSULTING SERV	ICES, LLC	
			Firm/Company	
		5481 WILES RD STE 502		
			Address	
		COCONUT CREEK, FL 3	3073	
			City/State and Zip Code	-
		JODI@ACCU-TAX.TAX		
		E-mail address: (to be used for future annual report notif	fication)
For furt	her information co	oncerning this matter, please ca	all:	
JODI R	ONEN		754 220-8270	
	Name of	Person		: Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	0.00 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
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

PROTECT US NOW, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(,,,,,,,	one sales of the s	-
The Articles of Organization for this Limited Liability	y Company were filed on 12/17/2012	and as signed
Florida document number L12000157506		12
This amendment is submitted to amend the following	;:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registengent and/or the new registered office address here		he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		ridaZip Code

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

100 miles

__ □Change

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VILMA FILIPPO	5236 ESPANA AVE	□Add
		BOYNTON BEACH, FL 33437	■Remove
			□Change
AMBR	JAMES FILIPPO	141 NW 20TH ST G1	🗖 Add
		BOCA RATON, FL 33431	■ Remove
			□Change
MGR	GREG FILIPPO	2901 CLINT MOORE ROAD#185	= Add
		BOCA RATON, 33496	□Remove
			□Change
			□Add
			□Remove
			□ Change
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an effective date is	listed, the date must be special	ific and cannot be prior?	to date of filing or more th	an 90 days after filing) Persur	سائرہ چڑی دیا تا
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Typed or printed name of signee

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