## L13000026021

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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C. GOLDEN JUN 2 1 2019

## **COVER LETTER**

eubucct.	•	prinkler Protection LLC			
Name of Limited Liability Company					
The enclosed	l Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspo	ndence concerning this matter t	to the following:		
		Deangelo Amos			
		Asap Fire Sprinkler Protect	Name of Person		
		P.O Box 771922	Firm/Company	<del></del>	
		Miami, Florida 33196	Address		
		asapfirepro@gmail.com	City/State and Zip Code		
For further in	nformation co	E-mail address: (t oncerning this matter, please ca	o be used for future annual repo	rt notification)	
Deangelo Ar			305 842004 at ()	Paytime Telephone Number	
	Name of	Person	Area Code D	aytime Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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:

TO:

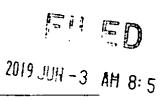
Registration Section
Division of Corporations

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**



Asap Fire Sprinkler Protection LLC

company has been notified in writing of this change.

(Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)
(	mited Liability Company)
The Articles of Organization for this Limited Liability Comp	npany were filed on Feburary 19, 2013 and assigned
Florida document number L13000026021	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	1 liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
Trintipal office address mest bis 71 BTREET ABBRES	<u> </u>
en a ser and service that	P.O. Box 771922
Enter new mailing address, if applicable:	Miami, Florida 33177
(Mailing address MAY BE A POST OFFICE BOX)	Mann, Florida 33177
B. If amending the registered agent and/or registere	red office address on our records, enter the name of the
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
	,
New Registered Agent's Signature, if changing Registered Registe	
I hereby accept the appointment as registered agent and	d agree to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGM	Lisa Merritt	P.O. Box 771922 Miami Florida 33177	<b>=</b> Add
			□ Remove
		-	
			Remove
			Change
			CJ Add
			□ Remove
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ffective date, if other th				(optional)	
f an effective date is listed, the o					
Note: If the date inserted in			tatutory filing requiren	nents, this date will not b	be listed as
locument's effective date or	the Department of St	tate's records.			
e record specifies a de	alayed offective d	ata but not an	affactive time at	12:01 a.m. on the	aarliar of
The 90th day after th		ate, but not an	enective time, at	12.01 a.m. on the	earner or
The Sour day after th	e record is illed.				
ated May 28		2019			
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	Signature of a n	neraber or authorized	representative of a memb	er	
Deangelo Amos					
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Page 3 of 3

Filing Fee: \$25.00