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COVER LETTER

TO:

SUBJECT:

Registration Section Division of Corporations

Archangel 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:

Daniel P. Kelly

Name of Person

Archangel Protectors, LLC

Firm/Company

153057 C.R. 108

Address

Yulee, FL 32097

City/State and Zip Code

DiverDan9@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel P. Kelly

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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Archangel Protection, LLC

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

5/01/2013 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number ___L13000063880 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Archangel Protectors, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 153057 C.R. 108 Enter new principal offices address, if applicable: Yulee, FL 32097 (Principal office address MUST BE A STREET ADDRESS) 153057 C.R. 108 Enter new mailing address, if applicable: Yulee, FL 32097 (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

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 amending the Managers or Managing Members on our records, enter the title, names and address of each Manager or Managing Member being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
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D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)	
			
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	(Named (St)		
	Signature of a member of authorized representative of a member		
	Daniel P. Kelly		
	Typed or printed name of signee	22.23	
	Page 3 of 3	70	
	Filing Fee: \$25.00	2013 MAY 20 SECRETARY ALLAHASSEC	****** *******************************
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