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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

го:	Registration S Division of Co		•	
, SUBJE	Central Pro	otection Servies, LLC		
SUBJE	<u></u>	Name of Lim	ited Liability Company	
Γhe en	closed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Thomas L Savoie		
			Name of Person	
		Central Protection Services	s, LLC	
			Firm/Company	
		P.O. Box 1801		
			Address	
		Tallevest, FL 34270		
			City/State and Zip Code	
		kensleyjordansavoie0916@	•	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information	concerning this matter, please ca	all:	
Thoma	as L Savoie		941 666-3400 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
3 \$2:	5.00 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



Central Protection Services

P.O. Box 1801 Tallevast, FL 34270

To whom it may concern:

My name is Thomas L Savoie, I am writing the Division of Licensing to inform the state. That the owner Travis J Savoie (d.o.b. **6**/22/1987) of Central Protection Services, LLC has passed away on 01/08/2017. I Thomas Savoie is the next of ken (brother) of Travis J Savoie. I Thomas L Savoie D 1509465, will take over has owner and operator of Central Protection Services, LLC. Ralph A Rivera III D 1100420, will be the Agency Manager. If there are any questions please contact me at 941-666-3400 or tsavoie@centralprotection.net or Ralph Rivera III at 941-705-8792 or at r.rivera@centralprotectionservices.net

Signature

Themes Squo!

Print Name

FL Notary Public

My Comm. Expires Dec 14, 2019
Bonded through National Notary Assn.

NAOM! TRIBULAN Notary Public - State of Florida Commission # FF 939164

Central Protection Services, LLC. • Florida License #B1400063 & A1600136

Office: 941.999.1014 • Fax: 941.234.9116

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited I		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	7.1. (TE
Enter new mailing address, if applicable:		
Enter new manning address, it applicable: Mailing address MAY BE A POST OFFICE		
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B. If amending the registered agent and registered agent and/or the new registered o		on our records, enter the name of the
Name of New Registered Agent:	Thomas L Savoie	
New Registered Office Address:	5715 21st Street West	
	Enter	Florida street address
	Bradenton	, Florida ³⁴²⁰⁷
	City	Zip Code

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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Travis J Savoie		
		2301 9TH ST E UNIT 2 BRADEN	Remove
			Change
MGR	Thomas L Savoie	5175 21st Street West, Bradenton, F	■ Add
			Remove
			Change
MGR	Ralph A Rivera III	5809 115th Drive East, Parrish, FL	≡ Add
			☐ Remove
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Signature of a member or authorized representative of a member	72	<u> </u>	m

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Filing Fee: \$25.00