

L14000042934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800262456648

07/23/14--01023--012 **25.00

FILED
14 JUL 23 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL 32310

JUL 24 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPS, Community Protection Services, 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:

Maryannette Jenkins-Lampkin
Name of Person
CES, Community Enforcement Services
Firm/Company
New Mailing
Address Only 1104-4 Conley Street Address Old: 2921 S. Orlando Dr
Address Sanford FL 32773
Orlando, FL 32805
City/State and Zip Code

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

For further information concerning this matter, please call:

De Moy Lampkin at (949) 427-9216 or (407) 453-2986
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

FILED
14 JUL 23 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Old: CPS Community Protection Services, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/14/14 and assigned
Florida document number L14000042934

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: New:

The new name must be distinguishable and end with the words "Limited Liability Company"

Enter new principal offices address, if applicable: NEW:

(Principal office address MUST BE A STREET ADDRESS)

750 South Orange Blossom Trail
Suite 234
Orlando FL 32805

Enter new mailing address, if applicable: New:

(Mailing address MAY BE A POST OFFICE BOX)

1104-4 Conley Street
Orlando FL 32805

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:

MAYANTWANETTE Jenkins-Lampkin

New Registered Office Address:

1104-4 Conley St
Enter Florida street address
Orlando, Florida 32805
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.

M. Lampkin
If Changing Registered Agent, Signature of New Registered Agent

FILED
JUL 23 PM 3:42
CLERK OF THE COURT
JUL 23 2014
JUL 23 2014

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

TRANS = TRANSPORTATION

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
TRANS Mgr.	FRANKLIN FRISBY	2921 South Orlando DR	<input checked="" type="checkbox"/> Add
		Suite 250	<input type="checkbox"/> Remove
		Sanford FL 32773	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
14 JUL 2 2015
SECRETARY OF THE
TALLAHASSEE COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Amending company's name & mailing address ^{AND} principal ~~mailing~~ Address
- See section "A" on page "1 of 3" for ^{correct} changes
- Add Transportation Managers: Franklin Frisby
- See page "2 of 3" for proper changes

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 23, 2014

[Signature]

Signature of a member or authorized representative of a member

MAJANTWANETTE JENKINS-LAMPKIN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUL 23 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA