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2016 JAN 15 PN 3:27

K.SALY EXAMINER JAN 19

COVER LETTER

	ision of Cor				
SUBJECT:	SNOOPGU				
SUBSECT.	Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Sheryl Hunter			
			Name of Person		
		Hunter Business Law			
			Firm/Company		
		119 S. Dakota Ave.			
		·	Address		
		Tampa, FL 33606			
City/State and Zip Code					
		notices@hunterbusinesslaw			
			to be used for future annual report not	ification)	
For further in	nformation co	oncerning this matter, please ca	all:		
Sheryl Hunt	er		813 867-2640		
	Name o	f Person	at ()	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	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**



SNOOPGUARD, LLC

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

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
he Articles of Organization for this Limited Liability	Company were filed on August 1, 2014	and assigned
lorida document number L14000121272		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the li	mited liability company here:	
NEAKGUARD, LLC		
ne new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	`or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		· · · · · · · · · · · · · · · · · · ·
·		
T		a a cal
If amending the registered agent and/or regegistered agent and/or the new registered office agent.		, enter the name of the
entered agent and/or the new registered writer an		
Name of Name Danistand Assets		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida Zip Code
	City	Zip Code
ew Registered Agent's Signature, if changing Registe	red Agent:	
harahy accept the appointment as registered again	at and agree to get in this cangeity. I find	thar agrae to comply with
ew Registered Agent's Signature, if changing Registe thereby accept the appointment as registered agen	red 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2016 JAN 15 PM 3: 2 Type of Action or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> □ Remove ☐ Change □ Add □ Remove _□ Change _ 🗆 Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	ALLARIST OF CO.
	ALLAKASSER STALL ONE
	·····
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ocument's effective date on the Department of State's rec	applicable statutory filing requirements, this date will not be listed as cords.
e record specifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
January 12	
ated January 12	·
7	
Signature of a member of	r authorized representative of a member
Signature of a member of	- additional representative of a monitori
Sheryl Hunter, Esquire	
	printed name of signee

Page 3 of 3

Filing Fee: \$25.00