L14 0001 7665C

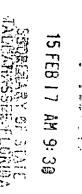
_
_

Office Use Only



500269333045

02/17/15--01005--013 **25.00



J. Shivers FEB 2 4 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METROPOLITAN COMMUNITY PATROL 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 Florida document number <u>L14000176056</u> .	were filed on 11/12/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
METROPOLITAN COMMUNITY PROTECTION LLC	1	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	P.O BOX 720699	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL, 32872	
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
	- '	为 。
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	7 A
	, Florida	Zib Code
New Registered Agent's Signature, if changing Registered Agent:		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
I havely assent the amorphism out as assistant disposit and some	es to not in this congoity. I further	agree to comply with the

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

COVER LETTER

Div	ision of Corp	oorations		
SUDIECT.	METROP	OLITAN COMMUNITY	PATROL LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		IVAN V PENA		
			Name of Person	
		METROPOLITAN CO	OMMUNITY PATROL LLC	
			Firm/Company	
		P.O BOX 720966		
			Address	
		ORLANDO FL,3287	2	
			City/State and Zip Code	
		ivanpena51@gmail.c		
		E-mail address: (1	to be used for future annual report notifica	ation)
For further i	nformation co	oncerning this matter, please ca	all:	
IVAN V F	PENA		407 929-3563	
	Name of	' Person	Area Code Daytime T	Telephone Number
Enclosed is	a check for th	e following amount:		500
\$25.001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional Copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			□ Remove
			□ Add
			☐ Remove
		-	Remove
	100		
			□ Remove
			- B 7 F 7 F 7 F 7 F 7 F 7 F 7 F 7 F 7 F 7
			TO THE CONTROL OF THE
			Remove
			□ Remove

fective date must be specific, cannot be prior to date of receipt or filed d	(optional) ate and cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
fective date, if other than the date of filing: fective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State) d 2 - //	(optional) ate and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

15 FEB I 7 AM 9: 30
SCHALLARY OF STATE
TATE AND SCHOOL OF STATE
TATE AND SCHOOL OF STATE OF S