

L15000016427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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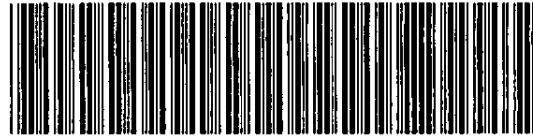
(Business Entity Name)

(Document Number)

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S. YOUNG

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TALLAHASSEE, FLORIDA  
17 MAR -3 PM 2:35

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Checkmate Protection and Security Services  
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVAN E. LARCOM III  
Name of Person  
Checkmate Protection and Security Services LLC  
Firm/Company  
605 South Yonge Street  
Address  
DRMOND BEACH, FL 32174  
City/State and Zip Code  
Larcomprotectionagency@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN E. LARCOM III at (386) 569.3705  
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

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Checkmate Protection and Security Services LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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> | <u>Type of Action</u>                      |
|----------------|-----------------------|----------------|--------------------------------------------|
| <u>Partner</u> | <u>John W. Luckey</u> | <u>Unknown</u> | <input type="checkbox"/> Add               |
|                |                       |                | <input checked="" type="checkbox"/> Remove |
|                |                       |                | <input type="checkbox"/> Change            |
|                |                       |                | <input type="checkbox"/> Add               |
|                |                       |                | <input type="checkbox"/> Remove            |
|                |                       |                | <input type="checkbox"/> Change            |
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TALLAHASSEE, FLA.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 31 JAN, 2017  
Jim E. Lawton III  
 Signature of a member or authorized representative

IVAN E. LARCOM III

Typed or printed name of signee