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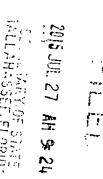
(Re	questor's Name)	
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JUL 29 2015 Y SULKEP

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		rotection LLC		
		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subt	mitted for filing.	
		ndence concerning this matter	-	
		Michael K Snow Sr.		
			Name of Person	
		Priority 1 Protection		
			Firm/Company	
		3771 Lake Shore Dr.		
		 ,,,	Address	
		Palm Harbor Florida 34684	4	
			City/State and Zip Code	
		Michael@snowsglobalconn		<u> </u>
			to be used for future annual report notif	ication)
For further in	nformation ec	oncerning this matter, please ca	ill:	
Michael K S	Snow Sr.		813 863-1154	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Priority 1 Protection LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company Florida document number		07/01/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	esignation "LLC" or the	c abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3771 Lake Shore	-	
(Principal office address MUST BE A STREET ADDRESS)	D. I. II. 1. 172 11 24704		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3771 Lake Shor	· · · · · · · · · · · · · · · · · · ·	22
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, ent	
Name of New Registered Agent:			6 2
New Registered Office Address:			
	Enter Flor	ida street address	
	City	, Florida	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>	Address	Type of Action
MGR	Michael K Snow Sr.	3771 Lake Shore Dr. Palm Harbor Fl 34684	Add
			□ Remove
			Change
<u></u>			
			☐ Remove
			Change
		 	
			Change Change
			27
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

f amending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
	
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	27 \$87 \$55
	9 24 × 24
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0207
ne record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	: 12:01 a.m. on the earlier of
Dated 7/21 2015	
Signature of a hember or authorized representative of a mem	

Page 3 of 3

Filing Fee: \$25.00