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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor					
aub		Inspection, LLC				
SUB	JECT:	Name of Limi	ited Liability Company			
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspo	ndence concerning this matter	to the following:			
		Andrew E. Gindea				
			Name of Person			
		The Presser Law Firm, P.A	. .			
			Firm/Company			
		6199 North Federal Highw	ay			
			Address			
		Boca Raton, FL 33487				
			City/State and Zip Code			
		ag@assetprotectionattorney				
For f	urther information c	E-mail address: (i	to be used for future annual report notifull:	SECRE ALLAH	2015 SEP	71
Andı	rew Gindea		561 953-1050 at ()	TARY VSSE	8	
Enclo		f Person ne following amount:	Area Code Daytime	Telephone Number STATE	P 12: 12	
= 9	825.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co	of Stat Copy	

MAILING ADDRESS:

TO:

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

Alert Home Inspection, LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our ted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>08/18/2015</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
Alert Protection, LLC			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	Σ		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address by		RETARY OF STATE the name of the ecords, enter the name of the	
Name of New Registered Agent:		•	
New Registered Office Address:	Enter Florida street	address .	
	•		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Age	•	•	
I hereby accept the appointment as registered agent and a		v. I further garee to comply with	
min to, accept the appointment as registered agent and t	aga de lo del ar amo cupació	" The the agree to comply will	

If Changing Registered Agent, Signature of New Registered 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			□ Change
			□ Add
			□ Remove
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ective date, if other than the date of fili	08/18/2015	(optional)	
reflective date is listed, the date must be specific at te: If the date inserted in this block does not	annot be prior to date of filing or m	ore than 90 days after filing.) Pursuant to	605.02 listed:
cument's effective date on the Department of	ate's records.	g requirements, this date will not be	noted (
record specifies a delayed effective	te, but not an effective t	time, at 12:01 a.m. on the ea	rlier
The 90th day after the record is filed			
	2015		
ted <u>8-25</u>			
$\langle \mathcal{E}_0 V_a \rangle$			

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Filing Fee: \$25.00