

LB000167751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 15 PM 12:25

EFFECTIVE DATE

3/23

MAR 17 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAMUEL'S SECURITY COMPANY, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Max G. Samuel

Name of Person

SAMUEL'S SECURITY COMPANY, LLC

Firm/Company

609 S SWINTON AVE

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

maxgsamuel@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max G. Samuel 941 467-2096
Name of Person at () 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

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
15 MAR 15 PM 12:25

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAMUEL'S SECURITY COMPANY, 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 were filed on September 28, 2015 and assigned
Florida document number L15000167751.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAXimum Protective Services, LLC

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PIERRE ANTOINE SAMUEL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

FILED STATE
SECRETARY OF
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: March 22, 2016 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____, _____.

MAX G SAMUEL
Signature of a member or author

Signature of a member or authorized representative of a member

MAX G. SAMUEL

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2015

MAX G SAMUEL
609 S SWINTON AVE
DELRAY BEACH, FL 33444

The Articles of Organization for SAMUEL'S SECURITY COMPANY, LLC were filed on September 28, 2015, effective September 29, 2015, and assigned document number L15000167751. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Teresa Brown
Regulatory Specialist II
New Filing Section
Division of Corporations

Letter Number: 215A00020891

State of Florida



Department of State

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAR 16 PM 12:25

I certify from the records of this office that SAMUEL'S SECURITY COMPANY, LLC, is a limited liability company organized under the laws of the State of Florida, filed on September 28, 2015, effective September 29, 2015.

The document number of this company is L15000167751.

I further certify that said company has paid all fees due this office through December 31, 2015, and its status is active.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of October, 2015



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

State of Florida



Department of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 15 PM 12:25

I certify the attached is a true and correct copy of the Articles of Organization of SAMUEL'S SECURITY COMPANY, LLC, a limited liability company organized under the laws of the state of Florida, filed on September 28, 2015 effective September 29, 2015, as shown by the records of this office.

The document number of this limited liability company is L15000167751.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of October, 2015



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAMUEL'S SECURITY COMPANY, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

609 S. SWINTON AVE.
DELRAY BEACH, FL 33444

Mailing Address:

609 S. SWINTON AVE.
DELRAY BEACH, FL 33444

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PIERRE ANTOINE SAMUEL

Name

609 S. SWINTON

Florida street address (P.O. Box **NOT** acceptable)

DELRAY BEACH FL 33444

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2015 SEP 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
9-29-15

FILED
16 MAR 15 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MAX G. SAMUEL
609 S. SWINTON AVE
DELRAY BEACH, FL 33444

AMBR

PIERRE ANTOINE
609 S. SWINTON AVE
DELRAY BEACH, FL 33444

AMBR/MGR

CATHERINE FAWCETT
1855 E. TERRACE DR.
LAKE WORTH, FL 33460

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TALLAHASSEE, FLORIDA
16 MAR 16 PM 12:25

(Use attachment if necessary)

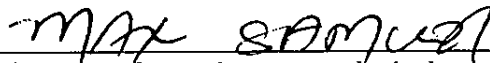
ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 29, 2015 (OPTIONAL)

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

MAX G. SAMUEL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)