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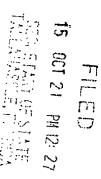
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## **COVER LETTER**

TO: Registration Division of C			
ZONE PI	ROTECTION LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sul		
	Barry E. Haimo, Esq.		
		Name of Person	
	Haimo Law		
		Firm/Company	हुन स
	8201 Peters Road, Suite 10	000	100 m
		Address	001 21
	Plantation, Florida 33324		
	barry@haimolaw.com	City/State and Zip Code	55 <b>5 5 6 7</b>
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	•	,
Barry E. Haimo, Esq.		954 954-228-336	<b>39</b>
Name	of Person	at () Area Code Daytim	e 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)
36.4	LING ADDRESS		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{C}{L}$ Florida document number $\frac{L^{15000168337}}{L^{15000168337}}$ .	ectober 2, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company h</u>	<u>nere</u> :
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:	7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
(Principal office address MUST BE A STREET ADDRESS)	FA A
<del>_</del>	60 7 F
Enter new mailing address, if applicable:	- R - C
Mailing address MAY BE A POST OFFICE BOX)	F-1 2
B. If amending the registered agent and/or registered office address of egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	
Enter Flo	orida street address
City	, Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

ZONE PROTECTION LLC

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>	Type of Action
AR	Jacquelyn Major	1579 N.E. 51st Street	≅ Add
		Pompano Beach, Florida 33064	☐ Remove
			Change
	,		□ Remove
			☐ Change
			DAddy
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fective date, if other than the date of filing:  m effective date is listed, the date must be specific and cannot be prior tote:  If the date inserted in this block does not meet the application of the date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie
October 19 , 2015	_··
Will was	·

Page 3 of 3

Filing Fee: \$25.00