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SECRETARY OF STATE

D. BRUCE JAN 24 2017

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Border Patr	ol, LLC		
		Name of Lim	ited Liability Company	····
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Anthony L Palesotti		
			Name of Person	
			Firm/Company	
		680 Irish Rose Road		
			Address	
		St Augustine, FL 32092		
			City/State and Zip Code	
		palesotti@gmail.com	_	
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	formation co	ncerning this matter, please c	all:	•~•
Anthony Pal			815 474-1188	SECH TO THE PROPERTY OF THE PR
	Name of	Person	Area Code Daytime	Telephone Number 23 A
Enclosed is a	check for the	e following amount:	,	
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Soft of 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Border Patrol, LLC	
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 05-03-2016 and assigned
Florida document number L16000086897	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u> </u>
	—————————————————————————————————————
	SECH ALLA
Enter new mailing address, if applicable:	ARE S T
Mailing address MAY BE A POST OFFICE BOX)	SAR 2
	d office address on our records, enter the name of the
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 Zin 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>	Name	Address	Type of Action
AMBR	Anthony L Palesotti	680 Irish Rose Road	■ Add
		St Augustine, FL 32092	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			SEU-GETARY TALLAHASSE
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be p te: If the date inserted in this block does not meet the app cument's effective date on the Department of State's recon	piicable	te of filing o	r more than lling requin	(opt 90 days afte ements, th	ional) er filing. is date) Pursuæ will not	nt to 605.02 t be listed
record specifies a delayed effective date, but the 90th day after the record is filed.	not ar	effectiv	e time, a	t 12:01	a.m.	on the	e earlier
January-18th 2017	·						
Orinneles a Polesoff			to afa ma	nher			
Signature of a member or a	guthorize	T DEDTECHDIS					

Page 3 of 3

Filing Fee: \$25.00