## 16000109623

(R	equestor's Name)	
(A	ddress)	<del></del>
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(C	ity/State/Zip/Phone #)	
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## **COVER LETTER**

ΓΟ: Registration Sec Division of Corp			
subject: <u>5 Л</u> З	S Protection Se Name of Limi	CVICES LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Tony L.	Smith II Name of Person	
	<u> 5 NS</u> 1.	Notection Services Firm/Company	
	4235 57th Av	e N Address	
	St. Petersbu	G FL 33714	·
	S'NS protection E-mail address: (t	o be used for biture annual report noti	fication)
For further information co	oncerning this matter, please ca		
Tony Smith Name of	Person	at ( <u>\$13)</u>	99 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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)

TO:

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S N S Protection Services 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 $\frac{06/06/2016}{2016}$ and assign Florida document number $\frac{L16000109623}{2016}$ .  This amendment is submitted to amend the following:	ed
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited 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)	
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	egistered
Name of New Registered Agent:	Ti
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 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	Ebonii L Foster	205 Logo Circle	□Add
		Apt 203	<b>☑</b> Remove
		West Melbourne, FL 32904	□Change
Ambr	Foster and Smith United Inc	7501 142nd Ave 11	🗆 Add
		Lot 648	ERemove
		Largo, FL 33771	□Change
AMBR	Tony L. Smith, II	7501 142nd Ave N	□Add
		Lot. 648	□Remove
		Largo FL 33771	<pre></pre>
Mgr_	Tremayne E. Bunkley	6471 Redward Oaks Prive	□ Add
		Orlando FL 32818	
			□Change
Mgv	Taquarius Napier	2115 Bouquet Ct	□Add
		Apt 206	⊠Remove
		Orlando FL 32807	□Change
			□Add
		<del></del>	□Remove
			Change

ii amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
	<del>-</del>
	<u> </u>
	_ <del></del>
_	
Effective date, if other than the date of an effective date is listed, the date must be spender: If the date inserted in this block do document's effective date on the Department.	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 bes not meet the applicable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, rd is filed.	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 21:	2010 Suff 1
Signar	sure of a member or authorized representative of a member
Tonu 1	Typed or printed name of signee

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