116000116767

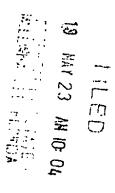
(80	questor's Name)	
(ACC	questors realine)	
		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	 ∋ #)
PICK-UP	☐ WAIT	MAIL
- (Ru	siness Entity Nar	na)
(80	Siliess Clitty Nai	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	rilling Officer.	
Ì		
[
		ı
L		

Office Use Only



000329400330

05/28/19--01013--018 **30.00



O SIMMONS

COVER LETTER

TO:	Registration Sec Division of Corp			•
		NATIONAL PROTECTION I	.LC	
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		GERARD FALCONE		
			Name of Person	
		VIP INTERNATIONAL P	ROTECTION LLC	
			Firm/Company	
		3264 HAWKS NEST DR	• •	
			Address	
		KISSIMMEE FLORIDA 3	4741	
		GFALCONE@VIPINTLPR	City/State and Zip Code OTECTION.COM	
		E-mail address: (1	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
GERA	ARD FALCONE		732 8140728 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP INTERNATIONAL PROTECTION LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000116767</u> .	y were filed on JUNE 16,2016	and assigned
This amendment is submitted to amend the following:		. •
A. If amending name, enter the new name of the limited lial The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	407 WEKIVA SPRINGS RD, SU LONGWOOD, FLORIDA 32779	JITE # 207
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	407 WEKIVA SPRINGS RD SU LONGWOOD, FLORIDA 32779	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address: 407 WEKIVA	SPRINGS RD, SUITE # 207	

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 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.

City

LONGWOOD

If Changing Registered Agent, Signature of New Registered Agent

., Florida <u>__</u>__32779

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	ANTOINE C. WILLIAMS	3264 HAWKS NEST DR. KISSIMEE, FLORIDA 34741	
			■ Remove
			Change
AMBR	CARLOS BONILLA	407 Wekiva Springs Rd Suite 115, LONGWOOD FLORIDA 32779	■ Add
			□ Remove
			Change
			10 Add:
			Remove
			Lange Gange
			🗆 Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change

	<u> </u>	-
		: <u></u>
		23
<u> </u>		至〇
		
		9 0 <u>4</u>
Note: If the date inserted in	an the date of filing: date must be specific and cannot be prior to date of filing this block does not meet the applicable statutory the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as the second of the control of the co
ne record specifies a d The 90th day after th		ve time, at 12:01 a.m. on the earlier of:
Dated MAY 20	2019	
J		
/	um alter	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00