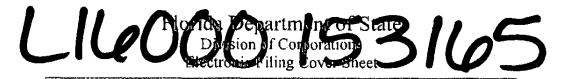
2016-09-15 16:45:39 GMT+1

13234467067 From: Imelda Vasquez Page 1 of 2

Division of Corporations



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Division of Corporations

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COVER LETTER

TO:	Registration Se Division of Con			
On the Birth		OTECTIVE SERVICES LL	c	
SUBJE	CI:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	and the second s
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203	,	
			City/State and Zip Code	
		kellyprivatemarcus@yah	OO.COID to be used for future annual report notific	
For furth	er information co	oncerning this matter, please or		auton)
Cheyen	ne Moseley		800 773-0888 ext	. 9724
	Name o	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fec & 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

K&K PROTECTIVE SERVICES LLC

(Name of the Lin	(A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on $\frac{08}{}$	16/2016	and assigned	
Florida document number L16000153165	·			
This amendment is submitted to amend the fo	Howing:			
A. If amending name, enter the new name	of the limited liability company her	<u>.e</u> :		
The new name must be distinguishable and end with the	e words "Limited Liability Company," the d	esignation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
		ات نے اب اب	()	
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>		
		\g	, , , , , , , , , , , , , , , , , , ,	
		7	3 11	
B. If amending the registered agent and registered agent and/or the new registered.	l/or registered office address on office address here:	our records, enter the decorate with the decorat	co	
Name of New Registered Agent:	MARCUS TKELLY			
	6733 WOODS ISLAND CIRC	LE APT. 304		
New Registered Office Address:	Enter Florida street address			
	PORT SAINT LUCIE	, Florida 34952		
	City	Zų	Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaction as register accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of n sistered agent as provided for in Ch registered office address, I hereby s change.	ny duties, and I am famili hapter 605, F.S. Or, if thi	ar with and s document is liability	

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR ≈ Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NICKLOUS KELLY	3416 SLOAN RD.	□ Add
		FORT PIERCE, FL 34947	∠ Remove
		<u> </u>	
AMBR	Nickolas S Kelly	3416 SLOAN RD.	⊠ Add
		FORT PIERCE, FL 34947	□ Remove
AMBR	TRAVIS KELLY	3416 SLOAN RD.	Add
		FORT PIERCE, FL 34947	✓ Remove
AMBR	Travis D Kelly	3416 SLOAN RD.	☑ Add
		FORT PIERCE, FL 34947	Remove
AMBR	MARCUS KELLY	3418 SLOAN RD.	□ Add
		FORT PIERCE, FL 34947	₩ Remove
AMBR	Marcus T Kelly	3416 SLOAN RD.	ASE DE Add
		FORT PIERCE, FL 34947	Remove
			TO PH IN
		Page 2 of 3	12: 36 STATE DRID.

D. If amending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)

	<u>,</u>
E. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the	an 96 days after
the date this document is filed by the Florida Department of State)	m. 20 cay s arror
Dated September 1st Dol6.	a. 20 days and
Dated September 14 . 2016.	·
Dated September 1st . 2016. Signature of a member or authorized representative of a mem	·
Dated September 14 , 2016.	·

Page 3 of 3

Filing Fee: \$25.00

16 SEP IS PHI2: 36