

216000174276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

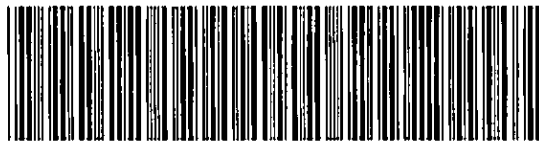
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 22 A 3:22
TALLAHASSEE, FLORIDA

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1/23/19 OS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2019

HARRY L MYERS III
PO BOX 2178
PLANT CITY, FL 33564

SUBJECT: PROTECTIVE SECURITY SERVICE LLC
Ref. Number: L16000174276

We have received your document for PROTECTIVE SECURITY SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 819A00000615

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

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2019 JAN 22 PM 12:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Protective Security Service LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry Myers
Name of Person

Protective Security Service LLC
Firm/Company

600 W. Dr Martin Luther King Jr Blvd
Plant City, FL 33563
Address

Plant City, FL 33563
City/State and Zip Code

PSService777@gmail.com
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
TALLAHASSEE

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For further information concerning this matter, please call:

Harry Myers at (813) 708-2780
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Protective Security Service 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 9/19/2014 and assigned
Florida document number L16000174274

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

N/A

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:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMES SNEAD

New Registered Office Address:

600 W. Dr. Martin Luther King Jr Blvd.

Enter Florida street address

Plant City

City


Florida

33563

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
<u>MGR</u>	<u>James Sneed</u>	<u>3456 Jarrod La Lake Rd Flg</u>	<input checked="" type="checkbox"/> Add
		<u>33810</u>	
<u>MGR</u>	<u>Joshua Myers</u>	<u>211 Alexander Woods Dr</u>	<input checked="" type="checkbox"/> Remove
		<u>Plant City, FL 33563</u>	
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRETARY OF STATE

9. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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CLERK OF DISTRICT COURT
TULSA, OKLAHOMA

5. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

b) The 90th day after the record is filed.

Dated _____, 20____.

See attached

Signature of a member or authorized representative of a member

see attached
Typed or printed name of signer

Typed or printed name of signee



Protective Security Service LLC – B1600003
600 W. Dr. Martin Luther King Jr. Blvd
Plant City, FL 33566
813-708-2780

Dear Mrs. Dionne Scott,

Please see the attached printed and signed signatures for your records.

HARRY L. MYERS III

Print Name Of LLC Member and Supervisor

Harry L. Myers III

Signature Of LLC Member and Supervisor

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2010 JAN 22 A 3:22
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

James Sneed

Print Name Of LLC Manager and Registered Agent

James Sneed

Signature Name Of LLC Manager and Registered Agent