11600181441

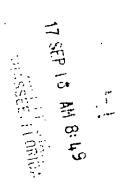
]
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
F
☐ PICK-UP ☐ WAIT ☐ MAIL
[]
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1
<u> </u>

Office Use Only



800303302058

09/18/17--01013--024 ++25.00



COVER LETTER

Registration Section Division of Corporations

TO:

Asset Prote SUBJECT:	ection Services International LI	l.C	
30barc1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·		C	
	Jay Butler		
		Name of Person	
	Asset Protection Services	International LLC	
		Firm/Company	
	2550 SW 26th Avenue		
	<u></u>	Address	
	Cape Coral, FL 33914		
		City/State and Zip Code	
	Admin@AssetProtectionSe	ervices.com	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Jay Butler		239 309-8214	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUF Registration Sect Division of Corp	
P.O. Be	DX 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive (Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asset Protection Services International LLC

(Name of the Limit	ed Liability Compai (A Florida Limited L	ny as it now appears on o	ur records.)			
		• • •	27, 201 <i>6</i>			
The Articles of Organization for this Limited L	iability Company	were filed on Septemb		and a	issigne	ď
Florida document number L16000181441	··					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liabi	lity company here:				
n/a						
The new name must be distinguishable and contain the	ords "Limited Liabili	ity Company," the designa	tion "LLC" or the abb	reviation "	L.L.C.	
Enter new principal offices address, if applic	able:	n/a				
(Principal office address MUST BE A STREE	TADDRESS)					
<u> </u>						
				_		
Enter new mailing address, if applicable:		n/a		:	17 9	
(Mailing address MAY BE A POST OFFICE	ROY)	4-11		=::		
	<u> </u>			S	G*	
				ļ-i	P	[1]
B. If amending the registered agent and/	or registered of	fice address on our	records, enter t	he-nam	⊒⊈ c⊬eyft	
registered agent and/or the new registered of	<u>Tice address here</u>	:		ON:	£	
				Ş	¥	
Name of New Registered Agent:	n/a					
New Registered Office Address:						
res registered office reduces.		Enter Florida str	eet address			
· ·		Florida				
		City	, Florida Zip Code			
New Registered Agent's Signature, if changing I	Registered Agent:					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete j stered agent as p registered office (performance of my d rovided for in Chapt	uties, and I am fa er 605, F.S. Or, ij	miliar w f this do	rith an cumen	rith the od nt is
	If Chan	ging Registered Agent, <u>S</u>	ignature of New Regi	stered Ag	ent	-

Page 1 of 3

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 | <u>Address</u> **Type of Action** MGR Asset Protection Services of America 701 South Carson Street □ Add Suite #200 Remove Carson City, NV 89701 □ Change MGR Jay Butler 2550 SW 26th Avenue **■** Add Cape Coral, FL 33914 ☐ Remove _□ Chánge ∄⊟ Add 🗺 🗖 Remo 😥 □ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

D. If amending	any other information, ent	 er change(s) here: <i>(Att</i>	ach additional sheets, if necessar	y.)	
n/a		•			
·					
	_				
		<u> </u>			
-					
		<u> </u>			
		<u> </u>	_		
			•	-	
					
	· · · · · · · · · · · · · · · · · · ·				
	- ::	<u> </u>			
				<u>:</u> a	
				7 SE	
-				- 3	
		<u> </u>	 -	<u> </u>	
					-
					,
F - Fffective date	e, if other than the date of f	l lina	(optional)	F	
(If an effective dat	te is listed, the date must be specifi	and cannot be prior to date	of filing or more than 90 days after filing atutory filing requirements, this date	.) Pursuant to 605.020)7 (3)(l
Note: If the da document's eff	ate inserted in this block does refective date on the Department	iot meet the applicable sta of State's records.	atutory filing requirements, this date	will not be listed a	s the
	•				
If the record sp	pecifies a delayed effective	 ve date, but not an e	effective time, at 12:01 a.m.	on the earlier o	of:
(b) The 90th o	day after the record is fil	ed.	,		
l 1 Sar	ntambae	3017			
Dated	ptember	. 2017			
/	1.1 R. +11.				
\rightarrow	Signature	a member or authorized re	epresentative of a member		
Jay ——	Butler				
		Typed or printed name	of signee		
		Page 3 of .	3		
		Filing Fee: \$2	25.00		