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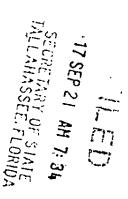
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COVER LETTER

	Registration Sec Division of Corp			
CHD IEZ	Asset Protec	etion Services International L	LC	
SOBJEC	·	Name of Lin	nited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are su	bmitted for filing.	
Please ret	urn all correspor	ndence concerning this matte	r to the following:	
		Jay Butler		
			Name of Person	
		Asset Protection Services	International LLC	
			Firm/Company	
		2550 SW 26th Avenue		
			Address	
		Cape Coral, FL 33914		
			City/State and Zip Code	
		Admin@AssetProtectionS		
For furthe	r information co	n-man address:	(to be used for future annual report no call:	hication)
Jay Butle	r		239 309-8214	
	Name of	Person	Area Code Daytir	me Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section t of Corporations to 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Country Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asset Protection Services International 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 27 - September - 2016 and assigned Florida document number L16000181441 This amendment is submitted to amend the following: A. 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 "LLC." n/a Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a Enter new mailing address, if applicable: (Muiling 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 the new registered agent and/or the new registered office address here: Jay Butler Name of New Registered Agent: 2550 SW 26th Avenue New Registered Office Address: Enter Florida street address Cape Coral Florida City 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

If amend or remov	ing Authorized Person(s) autho ed from our records:	rized to mana	ige, enter the title, name, ar	d address of each person_being added
MGR =	Manager Authorized Member			
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	71/	Signatur	re of a memb	er or autho	orized represe	entative of a m	ember		
	Jay Butler	,							