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(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2016

RODOLFO TRO BOOKSMART TAX LLC 8333 NW 53RD STREET STE 450 DORAL, FL 33166

SUBJECT: ARMOR PRO UNLIMITED, LLC

Ref. Number: L16000195055

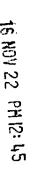
We have received your document for ARMOR PRO UNLIMITED, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 416A00025161





## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		RO UNLIMITED, LLC.	,	
SUBJECT,		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return	all correspon	ndence concerning this matter	to the following:	
		RODOLFO TRO		
			Name of Person	
		BOOKSMART TAX, LLC	2.	
		<u> </u>	Firm/Company	क
		8333 NW 53RD ST. SUIT	E 450	NOW
		· · · · · · · · · · · · · · · · · · ·	Address	
		DORAL, FL 33166		16 NOV 22 PM 12:
			City/State and Zip Code	
		rtro@booksmarttax.com		
		E-mail address; (	to be used for future annual report no	ilication)
For further in	nformation co	oncerning this matter, please ca	all:	
RODOLFO	TRO		786 762-4128	
	Name of	Person		ne Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	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:

TO:

**Registration Section** 

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

ARMOR PRO UNLIMITED, LLC.		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L16000195055	were filed on 10/21/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designation "LL	"" or the abbreviation "L. L. C."
	my company, the designation and	:-1.
Enter new principal offices address, if applicable:	7813 NW 64TH ST	<b>一</b>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	MIAMI, FL 33166	
		で 所 <b>で</b> に <b>P</b> 別名に
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	7813 NW 64TH ST	
	MIAMI, FL 33166	<u>ज</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	<b>e:</b> Enter Florida street addre	
	City .	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Chai	nging Registered Agent, <u>Signature</u>	of New Registered Agent

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	ALDRICH BOADAS		Add
		15114 SW 104TH ST. MIAMI, FL 3319	Pi€ Remove
			Change
		·	
			Remove
			Change
			16 ALL ANA
			Remover of the
	•		
			<b>5</b> ਉੰF □Add
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			Change
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			☐ Change

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PHI
PH 12: 45

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00