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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

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARMOR PRO UNLIMITED, 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:

RODOLFO TRO

Name of Person

BOOKSMART TAX, LLC.

Firm/Company

8333 NW 53RD ST. SUITE 450

Address

DORAL, FL 33166

City/State and Zip Code

rtro@booksmarttax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODOLFO TRO

at ( 786 ) 762-4128

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

16 NOV 22 PM 12:45  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ARMOR PRO UNLIMITED, 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 10/21/2016 and assigned  
Florida document number L16000195055.

This amendment is submitted to amend the following:

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

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)**

7813 NW 64TH ST

MIAMI, FL 33166

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7813 NW 64TH ST

MIAMI, FL 33166

**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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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> | <u>Name</u>    | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|----------------|------------------------------------|--|
| MGR          | ALDRICH BOADAS |                                    | <input type="checkbox"/> Add               |
|              |                | 15114 SW 104TH ST. MIAMI, FL 33196 | <input checked="" type="checkbox"/> Remove |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
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|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

**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.

Dated NOVEMBER 16, 2016

~~Signature of a member or authorized representative of a member~~

JIMMY DOS REIS

Typed or printed name of signee