

L16000213279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

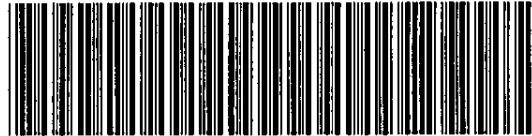
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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DEC 01 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 569 Protective Services, 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:

John P Yohe

\_\_\_\_\_  
Name of Person

569 Protective Services, LLC

\_\_\_\_\_  
Firm/Company

6474 Rolling Hills Dr

\_\_\_\_\_  
Address

Tallahassee, FL 32309

\_\_\_\_\_  
City/State and Zip Code

nypd569@gmail.com

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

For further information concerning this matter, please call:

John P. Yohe

850 528-3735  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**  
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

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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> | <u>Name</u>   | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|---------------|------------------------|--------------------------------------------|
| VP           | Diane R. Yohe | 6474 Rolling Hills Dr. | <input type="checkbox"/> Add               |
|              |               | Tallahassee, FL 32309  | <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 checked="" type="checkbox"/> Change |
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|              |               |                        | <input type="checkbox"/> Change            |

16 DEC - 1 PM 10:22  
DIVISION OF CORRECTIONS

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

16 DEC -1 AM 10:22  
DIVISION OF CORPORATIONS

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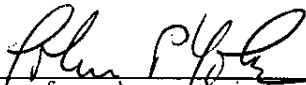
E. Effective date, if other than the date of filing: 11/30/2016 (optional)

(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.

If 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 11/30, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John P. Yohe

\_\_\_\_\_  
Typed or printed name of signee