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06/15/17--01017--025 *≠55.00

COVER LETTER

Division of Co			
	otection LLC		
SOBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joaquin McIntosh		
		Name of Person	
	A1 Fire Protection LLC		
		Firm/Company	
	8820 Pasadena Blvd		
		Address	
	Pembroke Pines , FL 3302-	1	
		City/State and Zip Code	
	jm@alfireprotectionfl.com		
For further information of	E-mail address: (t concerning this matter, please ca	o be used for future annual report notifull:	ication)
Joaquin McIntosh		786 872-1441 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
(A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed o	n December 12, 2016 and assigned
Florida document number L16000222256	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
"he 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:	22: 28
Principal office address MUST BE A STREET ADDRESS)	
	72 months
	\$57 5
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	9 2
3. If amending the registered agent and/or registered office addres egistered agent and/or the new registered office address here:	s on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	, Florida
City	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>	Type of Action
MGR	Moses McItnosh	8331 NW 23rd ST	
		Pembroke Pines , Fl 33024	□ Remove
			Change
MGR	Joaquin McIntosh	8820 Pasadena Blvd	□ Add
		Pembroke Pines, FL 33024	Remove
			🖶 Change
MGR	Miriam Melntosh	2330 N 70th Ave	⊟ Add
		Hollywood, FL 33024	
			☐ Change
			Add
			☐ Remove
			Change
			Add Add Reference
			Change
			A 20
			☐ Remove
			Change

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f an effe <u>Note:</u> J	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	6/13/17
_	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Joaquin Melntosh
	Joaquin MeIntosh Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00