LITUCCCUITS

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(Do	cument Number)	
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2017 JAN 23 PH 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIO?

K. SALY JAN 24 2017

COVER LETTER

	Registration Se Division of Cor			
SHRIE	BLACKSH	IELD PROTECTION GROUI	P, LLC	
SOBJEC	,1. <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		KEITH JOHNSON		
			Name of Person	
			Firm/Company	
		310 NE 23RD AVE.		
			Address	
		BOYNTON BEACH/FL 3	3435	
			City/State and Zip Code	
		blackshieldprotectiongroup	@gmail.com	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
KELLY	JOHNSON		561 634-5946 at ()	Telephone Number
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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**

2017 JAN 23 PM 3: 08

FALLAHASSEE, FLORIDA

BLACKSHIELD PROTECTION GROUP, LLC

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

01/04/2017

The Articles of Organization for this Limited Liab		and assigned	
Florida document number L17000002175	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	ole:		_
(Principal office address MUST BE A STREET	ADDRESS)		_
			_
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		-
			-
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the	<u>nev</u>
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Floria	la street address	
	City	, Florida Zip Code	-
New Registered Agent's Signature, if changing Re		лр соце	

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 KEITH L. JOHNSON	310 NE 23RD AVE.	■ ∧dd	
	BOYNTON BEACH, FL 33435	☐ Remove	
			☐ Change
			
		48.51	Remove
	····	Change	
		SEU BENANCE P	
		POP Change ORALE OR	
		□ Remove	
			Change
		-	Add
		□ Remove	
		☐ Change	
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
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	Fig. 3
	F. P. OR
	_
(If an ef	ive date, if other than the date of filing: 01/01/2017 (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re) The	cord 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	
	Huya Julya Signature of a member or authorized representative of a member
	KELLY A. JOHNSON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00