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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT MAIL	
· 	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	



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COVER LETTER

. TO: ' Registration Section Division of Corporations

PROTECT:	TIM HOLDINGS, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIEL JOSEPH TOUI	ZER	
		Name of Person	
	PROTECTIM HOLDING	SS, LLC	
		Firm/Company	
	2700 W CYPRESS CRE	EEK RD. SUITE A110	
		Address	· · · · · · · · · · · · · · · · · · ·
	FORT LAUDERDALE, F	FL 33309	-1 ·.
		City/State and Zip Code	
	danieljtouizer@gmail.cor		1
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
STEPHANE TOUIZER	₹	786 693-3125	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROTECTIM HOLDINGS, LLC		
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I		3/2017 and assigned
This amendment is submitted to amend the fol		
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	our records, enter the name of the
Name of New Registered Agent:	STEPHANE TOUIZER	
New Registered Office Address:	2700 W CYPRESS CREEK RD.	
	Enter Florida	street address
	FORT LAUDERDALE	Florida 33309
	City	Zin 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	STEPHANE TOUIZER	2700 W CYPRESS CREEK RD.	= Add
		SUITE A110	
		FORT LAUDERDALE, FL 33309	Change
MGR	HOWARD YAGERMAN	2700 W CYPRESS CREEK RD.	□ Add
		SUITE A110	■ Remove
		FORT LAUDERDALE, FL 33309	Change
			Remove
			☐ Change
			☐ Remove
			Change
			Remove
			Change
		· .	Add
			□ Remove
			□ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00