## L17000217459

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Dissipant Entity Name)                 |
| (Business Entity Name)                  |
| ·                                       |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Fining Officer. |
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Office Use Only



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## COVER LETTER

TO:

**Registration Section** 

**Division of Corporations** UNITED EXECUTIVE PROTECTION SERVICES LLC SUBJECT: 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: Carmen L. Silva Name of Person Scribe Accounting Services Inc Firm/Company 3950 Southpointe Dr Unit 407 Address Orlando, FL 32822-3796 City/State and Zip Code scribeaccountingservices@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carmen I. Silva Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## UNITED EXECUTIVE PROTECTION SERVICES LLC

| (Name of the Limited Lia<br>(A Flo   | bility Cor<br>orida Limit                 | npany as it now appears on our ed Liability Company)                                   | records.)  |
|--|---|--|--|
| The Articles of Organization for this Limited Liability Florida document numberL17000217459  | y Compa                                   | nny were filed on 10/20/2011   | and assigned   |
| This amendment is submitted to amend the following   | <b>;</b> :                                |  |  |
| A. If amending name, enter the new name of the l   | limited l                                 | iability company here:   |  |
| The new name must be distinguishable and contain the words "I  | Limited Li                                | ability Company," the designatio   | n "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   |  |  |
| (Principal office address MUST BE A STREET AD  | DRESS                                     |  | 201  |
| Enter new mailing address, if applicable:  |   |  | SHIY 22 N  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |  |
|  |   |  | ecords, enter the name of the new  |
| Name of New Registered Agent:  | -   | ,  | <del>- · · · · · · · · · · · · · · · · · · ·</del>   |
| New Registered Office Address:   |   |  |  |
|  |   | Enter Florida street   | address  |
|  |   |  | Florida  |
|  |   | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registe  | ered Age                                  | <u>nt:</u>   |  |
| provisions of all statutes relative to the proper and<br>accept the obligations of my position as registered<br>being filed to merely reflect a change in the registe  | d comple<br>l agent c<br>ered offi<br>ge. | ete performance of my dut<br>is provided for in Chapter<br>ice address, I hereby confi | es, and I am familiar with and 605, F.S. Or, if this document is rm that the limited liability |
| (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address Florida | ature of New Registered Agent             |  |  |

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>        | Address  | Type of Action |
|--------------|--------------------|--|----------------|
| MGR ,        | MARTITA ECHEVARRIA | 5540 SILVER THISTLE LANE<br>ST. CLOUD, FL. 34772 | B ∧dd          |
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| NO OTHER CHANGES  |                                     |                                |   |                      |        |
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| ا المالية الم | MAY                                 | 17, 2019                       |   |                      |        |
| fective date, if other than the d<br>in effective date is listed, the date must                               | be specific and cannot be           | prior to date of filing or mor | (optional<br>re than 90 days after filing | g.) Pursuant to 605. | .02    |
| ote: If the date inserted in this block<br>cument's effective date on the Dep                                 | ck does not meet the a              | oplicable statutory filing     | requirements, this date                   | e will not be liste  | d      |
| ,   |                                     |                                |   |                      |        |
| record specifies a delayed<br>The 90th day after the reco   | effective date, but<br>rd is filed. | t not an effective tir         | me, at 12:01 a.m.                         | on the earlie        | er.    |
| MAY 17,   | 2019                                |                                |   |                      |        |
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|   | Lix SI                              |                                |   |                      |        |
| , S   | ignature of a member or             | authorized representative o    | t a member                                |                      |        |
| FELIX ECHEVARRIA J  | r                                   |                                |   |                      |        |

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Filing Fee: \$25.00