12/13/2017



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL THREAT PROTECT, LLC

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TO:

Registration Section

## **COVER LETTER**

DIVISION CO	or por a non-s	
GLOBAL SUBJECT:	L THREAT PROTECT, LLC	
	Name of Limited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	
	101 N. Brand Blvd., 11th Floor	
	Address	
	Glendale, CA 91203	
	City/State and Zip Code	
	jeremy@globalthreatprotect.com	
	E-mail address; (to be used for future annual report	1 notification)
For further information of	concerning this matter, please call:	
Cheyenne Moseley	800 773-08	888 ext. 9724
Name o	of Person Area Code D	aytime Telephone Number
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status  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 GLOBAL THREAT PROTECT, LLC

## To: Page 4 of 6

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as (A Florida Limited Liabil	It now appears on our lity Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L17000238949	iability Company were	: filed on 11/20/201	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability	company here:	.0
The new name must be distinguishable and end with the	words "Limited Liability	Company," the designation	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	nble:		<u> </u>
(Principal office address MUST BE A STREE	TADDRESS)		
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office	* <del>******</del>	ecords, enter the name of the new
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	140 Commodore	DT.  Enter Florida street	
	Jupiter		_, Florida 33477 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:	••	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	ner and complete per istered agent as prov registered office add	formance of my dut pided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is orm that the limited liability

: .

MGR = Manager

To: Page 5 of 6

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeremy M Casher	140 Commodore Dr.	Add
		Jupiter, PL 33477	<b>⊠</b> Rensove
AMBR	Jeremy Casher	140 Commodore Dr.	<b>⊠</b> Add
		Jupiter, FL 33477	□ Remove
	·····		一直
			☐ Remove
			Remove 9: 07
			Remove
		<u> </u>	<del></del>
			□ Add
			Remove
		·	
			□ Add
			☐ Remove

		<del></del>
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<u>.,</u>		
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effective date must be specific, can dute this document is filed by the F	lorida Department of State)  2017  Signature of a member of authorized representative of a memb	190 days after
effective date must be specific, can dute this document is filed by the F	not be prior to date of receipt or filed date and cannot be more than lorida Department of State)  2017	190 days after

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