# 117000249309

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(Address)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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01/22/18--01038--017 \*\*38.00

S. WARREN JAN 25 2018

### **COVER LETTER**

Division of Corporations
SUBJECT: Advanced Protection Technologies (LC 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:
William R. Gates II
Firm/Company
1341 SW 10th St-
Address
Bour Recton FL 33486
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (609) 668-1341  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 Compan (A Florida Limited Lia	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on <u>Deceiv</u>	ber (5, 2017 and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	<del></del>		
Adviced Materials Defense Tea	y Company," the designation	on "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ecords, <u>enter the name o</u>	f the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	Luddrass	
	Differ 1 for fall size		or the abbreviation "L.L.C."  Zip Code  There agree to comply with the ad I am familiar with and F.S. Or, if this document is at the limited liad lity  Zip Code
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dui ovided for in Chapter	ies, and I am familiar with - 605, F.S. Or, if this docun	and sent is
If Change	ing Registered Agent. Sig	nature of New Registered Atent	<del></del>

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 = MAMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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			Remove
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			Remove
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amending any other information, enter change(s) here: (Attach additional sheets, if no	occiour y./		_
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ective date, if other than the date of filing:			
record specifies a delayed effective date, but not an effective time, at 12:01 he 90th day after the record is filed.	1 a.m. on th	e ear	lier
ed Herry Jenvery 1 . 2018  Null J.A. I.  Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member	2211		
	- <u>-</u>	JAN	
William & Cartes II Typed or printed name of signee	<u> </u>	2 N N	FI
		وت	FILED
Page 3 of 3	F#U.	<del></del>	ر_

Filing Fee: \$25.00

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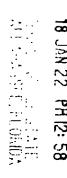
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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01/22/18--01030--020 \*\*30.00



S. WARREN JAN 25 2018

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	thy MARIOWE Name of Lim	L 4 ASSOCIATES	s Realty LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	+athlee,	Name of Person	<u>-</u>
		Firm/Company	
	5230 C	ANTERBURY D	)R
	<u>Sar</u>	AS Ota, FL 346 City/State and Zip Code  MAR JOWN FL @, Q	
	E-mail address: (	to be used for future annual report note	ication)
For further information c	oncerning this matter, please ca	all:	
Hathleen A	MARIDINE Person	at ( <u>941</u> ) <u>232</u> - Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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, F1, 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FI, 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LO</u>9000087899 This amendment is submitted to amend the following: 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 designation "L.I.C." or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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 domment 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>	Address	Type of Action
			🗆 Add
		<del></del>	Remove
			Change
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			Change

). It am	ending any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)		
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		<u> </u>		
(If an e: Note:	tive date, if other than the date of filing:	g.) Pursuant	t to 605. be liste	0207 (3)(I d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	, on the	earlie	er of:
Dated	JANUARY 18 . 2018.			
	Kathlern Marie Malowe Signature of a member or authorized representative of a member	<u> </u>	18 JAN	~ <b>;</b> ~
	KATHERN MARIE MARIOINE Typed or printed name of signee		22 PH	TE ED
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	Page 3 of 3	Ç.	œ	

Filing Fee: \$25.00