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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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-,		,
(D	ocument Number)	. ,
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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12/13/23--01032--004 **25.00

2023 DEC 13 FM12: 40



COVER LETTER

TO: Registration S Division of Co		
SUBJECT:F\	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	Ralph Pagano Nedne of Person Fire Proof Racing LLC Firm/Company	
	6600 W ROGERS CIV. Ste. 8	
	BOCA RATON, FL 33487 City/State and Zip Code	2023 GEC 13 PM12: 40
	F-mail address: (to be used for future annual report notification)	C 13
For further information	n concerning this matter, please call:	
Ralph Pa	agano a (305) 998-9677	1 107:31144
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &
Mailing Addn Registration		
DIVISION OF		

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tire Dunce Daring 110

(Name of the Limited Lie	ability Company as it now appears on our	records.)
(A Fl	ability Company as it now appears on our orida Limited Liability Company)	······································
The Articles of Organization for this Limited Liabili	ty Company were filed on <u>Janua</u>	11, 2018 and assigned
Florida document number <u>[</u>	 '	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Fireproof Products	· LLC	
The new name must be distinguishable and contain the words	*Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
		202
Enter new mailing address, if applicable:		STON
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	C officer
		7 1 2
B. If amending the registered agent and/or regist agent and/or the new registered office address he		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	address	
<u> </u>		
	City	Zip 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	Raiph Pagano	6415 NW 30th AVR	□ Add
		BOCA ROTON, FL 33496	□ Remove
			Change
			□ Add
			□Remove
			□Change
			FILED SLONG JARY OF STATE OLVISION SIFE CORRESPONDE 13 10 12: 13
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Петоче
			☐Change

Typed or printed name of signee