

L18000102009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

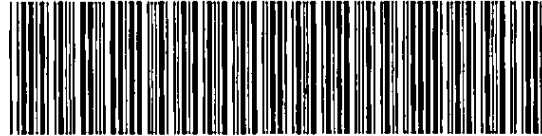
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SECRETARY OF STATE
TALLAHASSEE, FL

2018 NOV -1 PM 2:07

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NOV - 2

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2018

JUAN E. CAPIRO
METRO FEDERAL PATROL LLC
11120 SW 196TH ST APT 204
CUTLER BAY, FL 33157

SUBJECT: METRO FEDERAL PATROL LLC
Ref. Number: L18000102009

We have received your document for METRO FEDERAL PATROL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 318A00021788

R. 10
2018 OCT 23 10:56
10:56

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: METRO FEDERAL PATROL LLC

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:

JUAN E CAPIRO

Name of Person

METRO FEDERAL PATROL LLC

Firm/Company

11120 SW 196TH ST APT 204

Address

CUTLER BAY, FL. 33157

City/State and Zip Code

Jecapiro54@yahoo.es

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN E CAPIRO

305 879-1213

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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)

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**

METRO FEDERAL PATROL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/23/2018 as assigned

Florida document number L18000102009

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~CAP1 SECURITY PROTECTION, LLC~~

CAP1 Metro Protection, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11120 SW 196TH ST APT 204

(Principal office address MUST BE A STREET ADDRESS)

CUTLER BAY, FL. 33157

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

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>	<u>Type of Action</u>
MGR	JUAN E CAPIRO	11120 SW 196TH ST. APT. 204	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/09, 2018

Typed or printed name of signee

FILED
2018 NOV -1 PM 2:07
SECOND JUDICIAL DISTRICT
TALLAHASSEE, FL