

L18000123263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

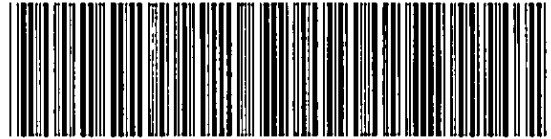
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200314371952

08/22/19--01022--021 **52.50

FILED
18 JUL -3 PM 12:14
SALY
JUL 11 2018

✓ SALY

JUL 11 2018

W18-58044



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2018

CASTANER GREICY
19712 NW 88TH AVE
HIALEAH, FL 33018

SUBJECT: EAGLE PROTECTION GROUP, LLC
Ref. Number: L18000123263

We have received your document for EAGLE PROTECTION GROUP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00013159

40

RECEIVED
2018 JUL -3 AM 11:20
CORPORATION
DIVISION OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAGLE PROTECTION GROUP, 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:

CASTANER GREICY

Name of Person

Firm/Company

19712 NW 88 AVE

Address

HIALEAH FL 33018

City/State and Zip Code

GOLDENEAGLEGUARD305@GMAIL.COM

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

For further information concerning this matter, please call:

CASTANER GREICY

786 287-6507
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**

EAGLE PROTECTION GROUP, LLC

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

FILED
18 JUL -3 PM 12:14

The Articles of Organization for this Limited Liability Company were filed on 05/16/18 and assigned
Florida document number L18000123263

This amendment is submitted to amend the following:

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

GOLDEN EAGLE GUARD, 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:

(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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE REASON OF AMENDMENT TO MY COMPANY NAME FREE OF CHARGE ON A SUGGESTION
BY THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICE ON THE NOTICE
OF ERROR OR OMISSION ON MY APPLICATION FOR LICENSURE CLASS "B" SECURITY AGENCY
DUE TO THE FACT THAT MY PROPOSED COMPANY NAME IS TOO SIMILAR TO THAT OF
ANOTHER LICENSED AGENCY.

FILED
JUL - 3 PM 12:14
STATE

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 29, 2018

Signature of a member or authorized representative of a member

CASTANER GREICY

Typed or printed name of signee