## 118000206968

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #/	)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
_		

Office Use Only



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September 19, 2018

ROBERT L SCOTT JR 1720 HAWKINS COVE DR E JACKSONVILLE, FL 32246

SUBJECT: SAMAYAS PROTECTION SERVICES LLC

Ref. Number: L18000206968

We have received your document for SAMAYAS PROTECTION SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Letter Number: 818A00019583 😅

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	Protection Services LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robert L Scott Jr			
		Name of Person		_
	Samayas Protection Service	es LLC		
		Firm/Company		_
	1720 Hawkins Cove DR E			-
		Address		- 1
	Jacksonville, FL 32246			<u>1</u> 
	spsllc52@gmail.com	City/State and Zip Code	-	-
		to be used for future annual repo	rt notification)	_i
For further information of	concerning this matter, please ca	all:		
Rodney Scott		817 692-46	058	
Name (	of Person	at () Area Code L	Daytime Telephone Number	<del></del>
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certific	ate of Status &
MAII	INC ADDRESS.	STDVUT/C	OUDIED ANNDESS.	

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

Samayas Protection Services 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 \_\_\_\_\_\_08/29/2018 Florida document number L18000206968 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 "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

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	Robert L Scott Jr / OWNER	1720 Hawking Cope DRE July selle FL 3,2346,	<b>⊟</b> Add
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			□ Remove
			☐ Change
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			`D Add
			☐ Change
			□ Remove
		<u> </u>	Change
			□ Remove
			Change

registered agent as well. Ple	ase change the	information giv	en previous!	y to reflect this	. Thanks in		
advance.			<del>.</del>			<del></del>	
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		09/01/2018					
ective date, if other than the effective date is listed, the date in	e date of filing	g:	to data of filing	a or more than O	(optional)	<sup>(</sup> → Pursuant to 60f	5 020
te: If the date inserted in this cument's effective date on the	block does not n	neet the applica	able statutory	filing require	ments, this date	will not be list	ted a
record specifies a delaye The 90th day after the re	ed effective of ecord is filed.	late, but no	t an effect	ive time, af	: 12:01 a.m.	on the earli	ier (
September 1st		2018					
1/allow	119	polifi	Do.				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00