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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : 128800000082 Phone : (385)871-0889 Fax Number : (305)870-9623

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRE PROTECTION SOLUTIONS GROUP, LLC.

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K. SALY JUN - 4 2024

From: Yanelle Barines

DocuSign Envelope ID: BDADF264-DF8E-4A29-9E7A-7BA752A37F25

## **COVER LETTER**

| TO:     | Registration Sec<br>Division of Cor |  |   |   |
|---------|-------------------------------------|--|---|---|
|         | •                                   | TECTION SOLUTIONS GRO                        | DUP, LLC.   |   |
| SUBJI   | ECT:                                |  |   |   |
|         |                                     | Name of Limi                                 | ted Liability Company   |   |
|         |                                     |  |   |   |
| The en  | closed Articles of .                | Amendment and fee(s) are sub-                | nitted for filing.  |   |
| Please  | return all correspo                 | ndence concerning this matter t              | to the following:   |   |
|         |                                     | YANELLE M BARINAS                            |   |   |
|         |                                     |  | Name of Person  |   |
|         |                                     | BARINAS & ASSOCIAT                           | ES, INC.  |   |
|         |                                     | <del></del>                                  | Firm/Company  |   |
|         |                                     | 5701 NW 36 ST                                |   |   |
|         |                                     | *****  | Address   | <del></del>   |
|         |                                     | VIRGINIA GARDENS,                            | FL 33166  |   |
|         |                                     | BARINASB@GMAIL.COM                           | City/State and Zip Code   | <del></del>   |
|         |                                     | E-mail address: (to                          | be used for future annual report notif                                    | cation)   |
| For fur | ther information co                 | oncerning this matter, please ca             | 11:   |   |
| YANE    | LLE M BARINAS                       | 5  | 305 871-0889  |   |
|         | Name of                             | f Person                                     | at ()   | Telephone Number  |
|         |                                     |  |   |   |
| Enclos  | ed is a check for th                | ic following amount:                         |   |   |
| □ \$2   | 5.00 Filing Fee                     | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 STREET/COURIER ADDRESS:

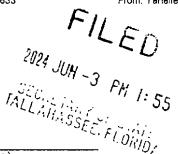
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

18882140633

From: Yanalle Barinas

DocuSign Envelope ID: BDADF264-DF8E-4A29-9E7A-7BA752A37F25

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

| FIRE PROTECTION SOLUTIONS GROUP, LLC.   | as it now appears on our records.)                           |
|---|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | as it now appears on our records.)                           |
| The Articles of Organization for this Limited Liability Company w Florida document number                             | 11/30/2018   |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability | ty 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 here:  | ce address on our records, enter the name of the new         |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Floridastractoddress                                   |
|   | , Florida  |

## 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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

From: Yanelle Barines

DocuSign Envelope ID: BDADF264-DF8E-4A29-9E7A-7BA752A37F25 in amending Authorized rersonts) 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               |
|--------------|------------------|--------------------------------|------------------------------|
| MGRM         | ALVARO MANOSALVA | 100 SE 2ND ST, STE<br>2000-063 | ⊠ Add                        |
|              |                  | MIAMI, FL 33131                |                              |
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| E. Effecti     | ive date, if other than the date      | e of filing:  pecific and cannot be prior to date of filing or | optional)                              | uni ta 605 0207 / 33/hi |
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| (D) THE        | 90th day after the record             | is med.  |  |                         |
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| Dated          |                                       | Light Decit Britished by .                                     |  |                         |
|                |                                       | Alvaro Manosalva   | •                                      |                         |
|                | Sign                                  | ature of a member or authorized representat                    | ive of a member                        | <del></del>             |
|                | ALVARO MANOSALVA                      |  |  |                         |
|                |                                       |  |  |                         |
|                |                                       | Typed or printed name of signed                                |  |                         |

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