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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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019 JAN 24 PM 2: 56

C. GOLDEN

JAN 3 0 2019

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		ORIDA ENFORCEMENT AC	BENCY LLC	
		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		HARRY S. RODRIGUEZ		
			Name of Person	
		SOUTH FLORIDA ENFO	RCEMENT AGENCY LLC	
			Firm/Company	
		8990 SW 24 ST UNIT 231		
			Address	······································
		MIAMI FL 33165		
		HMANRODRIGUEZ@AT	City/State and Zip Code T.NET	
		E-mail address; ()	to be used for future annual report notifi	cation)
For further in	iformation co	meerning this matter, please co	ill:	
HARRY S. F		<u>.</u>	678 886-6266	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F:	iling 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

.

Registration Section

TO:

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

FILED

SOUTH FLORIDA ENFORCEMENT AGENCY LLC

2019 JAN 24 PM 2: 56

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) \$\Sigma \text{A} \times \tex
(A Florida Limited Liability Company) Sight (A) (10F STA) E TALL AHASSEF, FI
The Articles of Organization for this Limited Liability Company were filed on 12/17/2018 and assigned
Florida document number L18000289221
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
SOUTH FLORIDA PROTECTIVE AGENCY LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 BON)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
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
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being associated or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		•	Change
			□ Add
			□ Remove
			□ Change

			□ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

	•	
E. Effec	ve date, if other than the date of filing: (optional)	
:Note:	ve date, if other than the date of filing:	07 (3 Hb as the
If the re (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated	1-22 2019	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00