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(Re	questor's Name)		
	dress)		
(rid	uic33)		
bA)	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	/
Special Instructions to	Filing Officer:		
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S. TALLENT FEB 18 2019

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COVER LETTER

TO: Registration Sect Division of Corpo		?**	
SUBJECT: All Arc	ound Fire Protection		
- , ,	Name of Lim	ited Liability Company	
.•	,		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Michae Polit		
		Name of Person	
	Clean Star	t Global, LLC	
		Firm/Company	
	3400 SW 44	Ith Street	
		Address	
	Fort Laude	rdale, FL 33312	
		City/State and Zip Code	
		leanstartglobal.com	<u> </u>
	rman address: ()	to be used for future annual report flour	ication)
For further information cor	ncerning this matter, please ca	all:	
Anielka Lozar	no	at (954) 531-8	071
Name of I	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

All Around Fir				
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited L	ny as it now appears (aability Company)	on our records.)	
The Articles of Organization for this Limited Liab		were filed onJ	anuary 28, 201	9 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here	<u>2</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:	3400 SW 4	4th Street	
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale, FL 33312		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	3400 SW 4 Fort Laude	14th Street erdale, FL 3331	27 28 77
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered of ce address here	fice address on o	our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Michae F	Politi		
New Registered Office Address:	New Registered Office Address: 3400 SW 44th Street Enter Florida street address			
	Fort Lauc	derdale	Florida	33312
		Ciţy		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

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

D. H ann	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: [coptional] [coptional]
	cord 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.
Dated	February 6 2019
	Signature of a member of authorized reviesen ative of a member
	Juan Hernandez

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00