L19000123101

(Rec	questor's Name)	
(Add	dress)	
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PICK-UP	MAIT	MAIL
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(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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COVER LETTER

	ration Se on of Cor	ction porations		
SUBJECT:	R.1.	A PROTECTIVE		
-		Name of Lim	ited Liability Company	
The enclosed A	rticles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	l correspo	ndence concerning this matter	to the following:	
		DEACK It		
			Name of Person	
		ALL MONEY INVI		INC.
			Firm/Company	
		7041 PEMBROKI	E ROAD, SUITE: 2	
			Address	
		Harrywood, F	1_ 33023	
•			City/State and Zip Code	
		A.M.I. ASSOCIATES	SHOUDINGS & EIMAIL o be used for future annual report notif	Com
				ication)
For further info	rmation co	oncerning this matter, please ea		
DENEL	HUN	TIR	at (<u>786</u>) <u>499 –</u> Area Code Daytime	1385
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for th	e following amount:		
□ \$25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclused)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.I.R PROTECTIVE SI	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000123101</u> .	were filed on May 7, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limt. Liabi	ility Company," the designation "LLC" or the abbreviation "LLL.C."
Inter new principal offices address, if applicable:	7041 PEMBROKE ROAD
Principal office address MUST BE A STREET ADDRESS)	Suite: 2
	HOLYMOOD, FL 33023
Enter new mailing address, if applicable:	SAME SSA
Mailing address MAY BE A POST OFFICE BOX)	
	CORIO, SE
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent: DEREI	L HUNTER
New Registered Office Address: 7041	PEMBROKE RUAD, SUTTE: 2 Enter Florida street address
1402211	100D Florida 33023
	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

and the second s

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	ALL MONEY INVESTED	ASSOCIATES INC	
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ctive date, if other tha effective date is listed, the da	n the date of fi	ling:	to date of filing of	(o)	otional) A., 60m, ve	numer 1., 4.115
et. If the date inserted in	this block does n	ot meet the applic	able statutory fi	ing requirements.	this date will	not be liste
ament's effective date on	me Department	of State's records				
ord specifies a delayed c	ffective date, but	not an effective ti	ine, at 12:01 a.n	o, on the earlier of:	(b) The 90	th day after
filed.						·
d MANCH	П	2020				
W. M.C.		2020	·			
		, , -				
	* Signature c	if a member or auth	orized representati	ve of a member		