119000188495

(Requestor's Name)	
(Address)	
(Address)	3
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300357904813

01/13/21--01016--007 **25.00

FILED 2021 JAH 13 PM 14: 33

2/18/21

COVER LETTER

O: Registration Section Division of Corporations									
110.15	cr. E	STATE	MA	NAGEMNET &	PROTECTI	ON_	LLC		
C DJ E	C1: _=			Name of Limi	ted Liability Compar	ny			_
·	المحجول	einlag of Ass	ande	nent and fee(s) are sub-	nitted for filing				
'lease r	eturn all	correspond	ence c	concerning this matter t	to the following:				
				SHE	EEBA KALI	CO	LE		
					Name of Pers	on			
			ES	STATE MANAG	EMENT & E	PROT	ECTI	ON L	LC
			<u>18</u>	10 NORTH LA	UDERDALE Address	AVEI	NUE SI	JITE	2110
				NORTH LAUD	ERDALE, F		RIDA 3	3306	8
				E-mail address: (CofFLORID to be used for future	A@g	mail,	COM	
or fur	ther info	rmation cor	cemir	ng this matter, please co	all:				
	SHE	EBA KA	LI	COLE	at (954	4_,_	778-6		
		Name of I	erson		Area Co	de	Daytim	e Telephi	one Number
:nclos	ed is a cl	neck for the	follov	ving amount:					
X S2	5.00 Fili	ng Fec		30.00 Filing Fee & Certificate of Status	\$55.00 Filir Certified C tadditional co	`opy			S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis	ng Address: stration So	ction		\overline{R}	egistr	ddress:		ans.
		ion of Co Box 6327		mons	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTATE MANAGEMENT & PROTECTION LLC	
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	

Florida document number <u>1.19000188495</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	727
	13
Enter new mailing address, if applicable:	PH
(Mailing address MAY BE A POST OFFICE BOX)	. :
	<u>ဒ</u>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter	or records, enter the name of the new regist. Florida street address
	Florida Zip Code
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in the rovisions of all statutes relative to the proper and complete performance occept the obligations of my position as registered agent as provided for the reing filed to merely reflect a change in the registered office address. I he	e of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is

ompany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHN MASON COLE	1810 N. LAUDERDALE AVE SUITE	E 2110 ₹Add
		NORTH LAUDERDALE, FLORIDA	33068 □Remove
			Change
			□Add
			Remove
			Change
			Add 202 GRemove Grange Change H 4: 83
			□ Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
		··· · · · · · · · · · · · · · · · · ·	□Change

DOTATE MANAG	EMENT & PRO	JIECTION 1	<u>ши</u> С,	
EXPERIENCED	MANAGEMENT	OF VACAN	r & occ	UPIED
PROPERTIES T	HROUGHOUT S	SOUTH FLO	RIDA. A	LSO,
WORKING DIRE	CTLY WITH	ELDER ATT	ORNEYS	WHILE
PROPERTY IS	GOING THRO	UGH THE P	ROBATE	PROCESS.
				2
				<u> </u>
				= = = = = = = = = = = = = = = = = = = =
				 ယ ယ
ve date, if other than the date of	filing: JANUAR	Y 10th, 2	021 (opti	onal)
ctive date is listed, the date must be speci of the date inserted in this block does	not meet the applicabl			
ent's effective date on the Departmen	nt of State's records.			
I specifies a delayed effective date, b	ut not an effective time	e. at 12:01 a.m. on t	he earlier of: ()	o) The 90th day af
ed.		, 41 12.01 4.111. 611.	ne carner on (o, The same day at
	2021			
JANUARY 10th			•	

SHEEBA KALI COLE
Typed or printed name of signee