

L19000 240618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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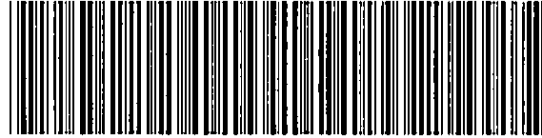
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 NOV 12 PM 4:59

FILED

NOV 12 2019  
6:00 PM EST

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lyon Guard, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Johnson II  
Name of Person  
Lyon Guard, LLC  
Firm/Company  
15801 NW 38CT  
Address  
Miami Gardens, FL 33054  
City/State and Zip Code  
lyonguard0502@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Qaid Waheed at (786) 262-8444  
Name of 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**

Lyon Guard, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**

2019 NOV 12 PM 3:53  
11/23/2019  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L19000240618

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability 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)

Lyon Guard LLC  
15315 NW 60th Ave, Suite A  
Miami Lakes, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15801 NW 38ct  
Miami Gardens, FL 33054

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Johnson II, Peter</u>	<u>15315 NW 60<sup>th</sup> Ave, Suite A</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Lakes, FL 33014</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CFO</u>	<u>Waheed, Qaid</u>	<u>7750 Okeechobee Blvd suite #4 #696</u>	<input type="checkbox"/> Add
		<u>West Palm Beach, FL 33411</u>	<input checked="" type="checkbox"/> Remove
		<u>7750 Okeechobee Blvd suite #4 #696</u>	<input type="checkbox"/> Change
<u>COO</u>	<u>Lubin, Daniel</u>	<u>West Palm Beach, FL 33411</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 7, 2019  
Peter Johnson  
 Signature of a member or authorized representative of a member  
Peter Johnson  
 Typed or printed name of signee