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(Requestor's Name)
(requestor s reality)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

то:	Registration Division of C						
SUBJEC	ст: <i>А</i> Ц	Florida	E1. Le	Profection L			
		-	Name of Limite	d Liability Company			
The encl	osed Articles o	of Amendment and fe	ee(s) are subm	itted for filing.			
Please re	turn all corres	pondence concerning	this matter to	the following:			
		Ja	me <u>s</u>	Cassers Name of Person			
				Firm/Company			
		3460	· nv	5 m 5/- Address			
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				City/State and Zip Code		#2် ယ	
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For furth	er information	concerning this matt		·	Thomas of the second	±.	SELACIARY OF STAIL
J		Casseus of Person		at (<u>954</u>) <u>20</u> Area Code D	94 - 6247	<u>ភ</u> -	HOH?
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Enclosed	is a check for	the following amour	t:				
□ \$ 25.0	00 Filing Fee	□ \$30.00 Filing Certificate o		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &	

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STILLIF COUNTING DOT TOS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A11 E1	L. Colonia III
(<u>Name of the Limited Liabili</u>	ity Company as it now appears on our records.)
(A Florida	a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Le Protection LCC ity Company as it now appears on our records.) a Limited Liability Company) Company were filed on 10/16/2000 and assigned
Florida document number <u>L 19000 25 9468</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
All Florida Elike Pr	rotection Services LLC inted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	316 No 5" 31. RESS) Lancer h.11, FC 33711
(Principal office address MUST BE A STREET ADD)	RESS) Lance hell, FC 33711
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	stered office address on our records, enter the name of the nev
registered agent and/or the new registered office add	ress nere:
N. P. D. C. LA	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u>-</u>	, 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>	Address	Type of Action
<u>M</u> GR	Philippe Jean	3460 NW 5" S!	
		Lange L.11, FC 33311	⊠ Remove
			Change
MCR	James Casseus	3460 NW 5th st	⁄ Add
		Lungo- h. 11 FC 33311	Remove
			Change
AMBR	Philippe Jean	3460 NW 5" 31	ĎÍ Add
		Lanuabil, Fl 33311	Remove
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Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 10-29-2019

Employer Identification Number:

84-3522842

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

ALL FLORIDA ELITE PROTECTION JAMES CASSEUS SOLE MBR 3460 NW 5TH ST LAUDERHILL, FL 33311

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3522842. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ALLF. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.