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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

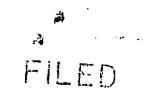
## LLC AMND/RESTATE/CORRECT OR M/MG RESTGN A TEAM PROTECTION LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION &



A Team Protection LLC

• \$

(Name of the Limited Liability Company as it now appears on our recorded 19 DEC -9 12 26
(A Florida Limited Liability Company)

V	,	11/07/0010	SECRETARY OF STORE
The Articles of Organization for this Limited Liability	Company were filed o	n 11/0//2019 <u>T</u>	ALLAHASS and assigned
Florida document number L19000278556			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	mited liability compar	ny here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company,'	the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
	<del></del>		<u></u>
Enter new mailing address, if applicable:		<del>-</del>	
(Mailing address MAY BE A POST OFFICE BOX)			
<del></del>			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office addre: Adress bere:	ss on our record	ls, enter the name of the ne
registered agent and/of the new registered office ad	zur ess uere.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Ent	er Florida street addre	<u> </u>
New Registered Office Address:			
	City	, r	Torida
New Registered Agent's Signature, if changing Registe	red Agent:		
Thereby accept the appointment as registered ager		this canacity I f	arther agree to comply with th
provisions of all statutes relative to the proper and	l complete performan	ce of my duties, c	ınd Lam familiar with and
accept the obligations of my position as registered	l agent as provided fo	r in Chapter 605	, F.S. Or, if this document is $-$
being filed to merely reflect a change in the registe company has been notified in writing of this chang	erea одисе aaaress, 1- ge.	петеоу сощит п	шенке итней шониз

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

Title	Name	Address	Type of Action
AMBR	Mark Adams	7901 4th St N STE 300	☑ Add
		St Petersburg FL 33702	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
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Note: 1	ve date, if other than the date ctive date is listed, the date must be specified in this block don's effective date on the Department	oes not meet the appli	cable statutory filing re	(optional) han 90 days after filing.) Pursuan quirements, this date will not	t to 605.0207 (3) be listed as the
f the reco	ord specifies a delayed effo 90th day after the record i	ective date, but n s filed.	ot an effective time	e, at 12:01 a.m. on the	earlier of:
Dated_	December 9	2019	)		
			 horized representative or a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00