## L19000284016

(Re	questor's Name)	<del></del>
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2021 OCT 12 AM 9: 03
SECRETARY OF STATE
TALL AHASSES FOR

## **COVER LETTER**

Division of Control NATION	AL FIRE ALARM PROTECTI	ON LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	MARTINEZ, REYNIER				
		Name of Person	<del></del>		
		Firm-Company			
	2612 EAST SUTTON DR	IVE			
		Address			
	MIRAMAR, FL 33025				
		City/State and Zip Code PROTECTION@GMAIL.COM			
For further information	E-mail address: (concerning this matter, please ea	to be used for future annual report notifiall:	ication)		
MARTINEZ, REYNIE		954 243-0426			
Name	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre	<u>ss:</u>	Street Address:			

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

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Registration Section

TO:

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

FILED

2021 OCT 12 AM 9: 03

NATIONAL FIRE ALARM PROTECTION LLC

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

ALL AHASSEL, FL

The Articles of Organization for this Limited Liability Company	were filed on 11/14/2019	and assigned
Florida document number L19000284016		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new registered
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street	uddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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 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
VP	Marrero, Ketty	2612 EAST SUTTON DRIVE	
,		MIRAMAR, FL 33025	■Remove
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<u> </u>						
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