

L19000305124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

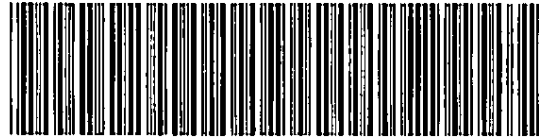
(Business Entity Name)

(Document Number)

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2020 OCT -1 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

11/9/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EJM DIVINE PROTECTION

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:

Elisha McTaw

Name of Person

EJM DIVINE PROTECTION

Firm/Company

5630 NW 42ND WAY

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

EJMDIVINE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisha McTaw

904

303-4826

at ()

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 Address:

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**

EJM DIVINE PROTECTION

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

The Articles of Organization for this Limited Liability Company were filed on December 16th, 2019 and assigned
Florida document number L19000305124.

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 "LLC."

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)

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>
MGR	Robert Monroe	618 Del Pilar Drive	<input checked="" type="checkbox"/> Add
		Groveland, Florida 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jim Fouquet	1140 Bluegrass Avenue	<input checked="" type="checkbox"/> Add
		Groveland, Florida 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Emmanuel Joseph	6059 Westgate Drive #411	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Roberts	9841 South Grand Duke Circle	<input checked="" type="checkbox"/> Add
		Tamarac, Florida 33321	<input 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

2020 OCT -1 AM 9:33
 FILED
 CLERK OF DISTRICT COURT
 1ST JUDICIAL CIRCUIT
 IN AND FOR THE STATE OF FLORIDA


OFFICE OF STATE
ATTORNEY
TALLAHASSEE, FL

2020 OCT -1 AM 9:33
FLORIDA STATE
UNIVERSITY
TALLAHASSEE, FL

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00