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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A. PARISHANI AUG - 3 2024

COVER LETTER

Division of Corporations Prime Protection Agency LLC SUBJECT: _ 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: Aryana Nehme Name of Person Prime Protection Agency LLC Firm/Company 2100 W Sunrise Blvd. Suite #161 Address Fort Lauderdale, FL 33331 City/State and Zip Code aryana@primeprotectionagency.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aryana Nehme Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & **\$25.00** Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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**

DEFARTMENT DIVISION OF COR DALLAHASSEE	2024 JUL 29 1	
DE STATE PORALIONS FLORIDA	PH 12: 23s	igned

Zip Code

Prime Protection Agency LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	SESSE SE CO
The Articles of Organization for this Limited Liability Company	were filed on 02/15/2024	夏夏荒 冷 an d assigned
Florida document number 1.20000048069		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Limit LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	Y
	. Flo	orida

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.

City

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
			🗆 Add
			Remove
			□Change
			□Add
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lote: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or is block does not meet the applicable statutory filine Department of State's records.		
	ective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day	after the
l is filed.			
July 24	. 2024		
Inly 24	Signature of a member or authorized representative		

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