L20000048069



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(Business Entity Name)
(Document Number)
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10/25/24--01017--003 **25.00

COVER LETTER

TO:					
() 1 (Th. 4 m					
SUBJE	Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
THE LIMIT LLC SUBJECT:					
			Name of Person	- 	
		THE LIMIT LLC			
		Firm/Company			
		2100 W SUNRISE BLVD	#161		
		Address			
		FT LAUDERDALE, FL 3.	3311		
			City/State and Zip Code	•	
					
Dan Can	share in Communication of		·	fication)	
roriun	mer intormation c	oncerning this matter, please c	an,		
ARYA	NA NEHME				
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$2.	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

THE LIMIT LLC			
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now a Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L20000048069	ompany were filed o	on	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability compa	ny here:	
PRIME PROTECTION AGENCY LLC			
The new name must be distinguishable and contain the words "Limit	ited Liability Company,	the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	(ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	1 office address on c	our records, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:			
New Registered Office Address:	Ente	vr Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent a	and agree to act in	this capacity. I further ag	ree to comply with

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
			□ Remove
			□Change
			□Add
		 	□Remove
			Change
			□ Add
		<u> </u>	Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			Change

	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
•	e original lic name	
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KLIWI PLO	tection agency LLC	-
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 block does not meet the applicable statutory filing requirements, this date will not be list	5,0207 ted as
record specifies a delayed effec d is filed.	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
October 21	2024	
Alyana	Signature of a member or authorized representative of a member	
V	- •	
ARYANA NEHME	Typed or printed name of signer	