

L20000089249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

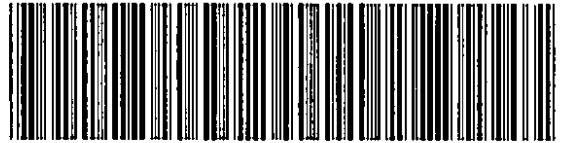
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 20 AM 11:38

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OCT 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORCE PROTECTION SECURITY, LLC
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:

Rony FAUSTIN
Name of Person

Firm/Company

630 CANARY ISLAND CT
Address

ORLANDO, FL 32808
City/State and Zip Code

rony.faustin509@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rony FAUSTIN at (337) 718-7294
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FORCE PROTECTION SECURITY, LLC ^{2020 AUG 20 AM 11:39}

(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 MARCH 25, 2020 and assigned Florida document number L20000089249.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FPS FORCE PROTECTION SECURITY, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

3880 COCONUT CREEK PKWY
COCONUT CREEK, FL 33066
APT 202

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>	2020 AUG 20 AM 11:39	<u>Type of Action</u>
<u>MGR</u>	<u>Rony FAustin</u>	<u>630 CANARY ISLAND CT</u>	<input checked="" type="checkbox"/> Add	
		<u>ORLANDO, FL 32828</u>	<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	
<u>AMBR</u>	<u>MARJORIE JOSEPH</u>	<u>630 CANARY ISLAND CT</u>	<input checked="" type="checkbox"/> Add	
		<u>ORLANDO, FL 32828</u>	<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	
<u>AMBR</u>	<u>PATRICK FAUSTIN</u>	<u>250 W SAMPLE ROAD</u>	<input checked="" type="checkbox"/> Add	
		<u>POMPANO BEACH, FL 33064</u>	<input type="checkbox"/> Remove	
		<u>APT E206</u>	<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	
			<input type="checkbox"/> Add	
			<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am APPLYing to ammend my existing company because the tallahassee liscencing office, judge there is an existing company in Florida with a name to close to similar than mine, with that fact I decuted to modify my business name so I can get my license to opperate.

2020 AUG 20 8:11:39

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 08/18/2020.

Signature of a member or authorized representative of a member

Rony FAUSTIN

Typed or printed name of signee