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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5	Protects LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lisset	Elias Name of Person	
		Firm/Company	
	1361 Ha	rbor Blad Address	
	fort Charlotte	Address Address City/State and Zip Code Code Sector Code Code	
	S. Polatsmo E-mail address: (to be used for future annual report notificat	ion)
For further information e	oncerning this matter, please ca		
Lisset Name o	Blias f Person	at (<u>941</u>) <u>740 - 0</u> Area Code Daytime Te	728 lephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

SC Don Toute	s 1.11.	
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our r da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 05/27	2020 and assigned
Florida document number <u>LZ0000/4365</u>	5.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line of		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uldress
		. 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>	Address	Type of Action
MGR	Christopher Davis	1361 Herbor Blvd	©Ádd
		Port Charlook FL, 33952	□Remove
			□Change
			□Add
			□Remove
			□Change
			☐ Change ☐ Add ☐ Remove ☐ Change
			□Remove
			□Change
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Effecti	e date, if other than the date of filing:	
lf an effe <u>Note:</u>	ctive 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 605.0 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.	
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after td.	he
Dated _	09/21/2020	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00