## L20000 173270

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(Address)
,
(Address)
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Florida Tru SUBJECT:	st Protector Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey M. Janeiro		
		Name of Person	
	10-00	Firm/Company	
	3400 Tamiami Trail N. Su	ite 203	
		Address	·
	Naples, FL 34103		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jeffrey M. Janeiro		239 513-2324	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	=	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Trust Protector Services, LLC

(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 Liabi	lity Company were filed on $\frac{06/22/2020}{}$	and assigned
Florida document number L20000173270		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	P. (1)
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	LLC" or the abbreviation "L.F.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
	<del></del>	
Mailing address MAY BE A POST OFFICE BO.  B. If amending the registered agent and/or registered agent and/or the new registered office address have a Name of New Registered Agent:	stered office address on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:		
tegistered office fradress.	Enter Florida street a	ldress
		, Florida
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered ay provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha	ind complete performance of my dutie red agent as provided for in Chapter 6 istered office address, I hereby confiri	s, and I am familiar with and 05, F.S. Or, if this document is

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	Sarah Piercy	3400 TAMIAMI TRAIL N.	□Add
		NAPLES, FL 34103	■Remove
			□Change
MGR Jeffrey M.	Jeffrey M. Janciro	3400 TAMIAMI TRAIL N.STE 203	
		NAPLES, FL 34103	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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ffect	ive date, if other than the date of filing: (optional)
	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	d 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
d is fi	ed.
	June 30th, 2020
Dated	<del></del>
Dated	