LZO 000351241

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(1.12		
(Cir	ty/State/Zip/Phone	#)
PICK-UP	₩AIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		or caucas
·		
Special Instructions to	Filing Officer:	
		ł
		

Office Use Only



100356211001

12/14/20--01018--024 **30.00

S TALLENT JAN 27 2021

MUCLIA KIII: 57

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NASSEU CONFRACE (Name of the Limited Liability Comp (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number 420000351241		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Blackwater Protection AGENC The new name must be distinguishable and contain the words "Limited Liab	thity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1395 TUSCANA LANC DAVEN PORT FL 3	3896
		3237
		DEC
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		57
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
	 		□Add
			□Remove
			Change
<u>-</u>			□Add
		113	□Remove
			□Add
			□Remove
			Change
			□Remove
			∏ Change

amei	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		-
_		-
_		-
		-
		_
_		
_		•
_		•
		-
_		-
		_
		•
		-
_		
_		•
_		-
an effe	e date, if other than the date of filing:	5.020
	the date inserted in this block does not meet the applicable statutory thing requirements, this date will not be fish the effective date on the Department of State's records.	.cu as
record is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte.	r the
ated _	Secondary 9 , 2020.	
	En ha	
	Signature of a member or authorized representative of a member	
	m	
	Typed or printed name of signee	