

L21000043629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

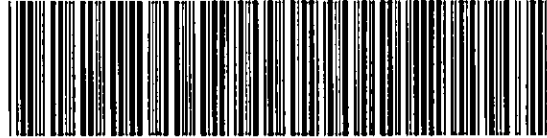
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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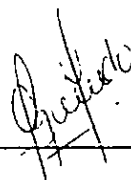
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04/27/21--01019--025 **25.00

FILED
2021 APR 27 PM 4:19
TALLAHASSEE, FLORIDA

Miami, FL April 10th 2021.

Having been named as registered agent and to accept service of process for Protection Safety and Confidence LLC, at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

A handwritten signature in black ink, appearing to read "Ailen Oquendo", is written over a horizontal line.

Ailen Oquendo
Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Protection Safety & Confidence 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:

Ailen Oquendo

Name of Person

Protection Safety & Confidence LLC

Firm/Company

5275 SW 77th Ct #203H

Address

Miami, FL 33155

City/State and Zip Code

ailenoquendorodriguez@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rowland del Toro

786 370-3653

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Protection Safety & Confidence 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 Liability Company were filed on 01/22/2021 and assigned
Florida document number L21000043629.

This amendment is submitted to amend the following:

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

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)

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: Ailen Oquendo

New Registered Office Address: 5275 SW 77th Ct #203H

Enter Florida street address

Miami Florida 33155
City *State* *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>	<u>Type of Action</u>
MGR	Rowland del Toro	5275 SW 77th Ct #203H Miami, FL 33155	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ailen Oquendo	5275 SW 77th Ct #203H Miami, FL 33155	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
2021 APR 27 PM 4:20
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

2021 APR 27 PM 4:20
RECEIVED
ALLIANCE FLORIDA

FILED
2021 APR 27 PM 4:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04/10/2021

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.

Dated April 10th, 2021

Rowland del Toro

Typed or printed name of signee