

11/10/23, 2:24 PM

Division of Corporations

L2100031816

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000390847 3)))



H230003908473ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FERNANDEZ LEGAL
Account Number : I20190000058
Phone : (407)574-5009
Fax Number : (407)574-5953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mike@protectmyservices.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROTECT MY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help S. ROBERTS
NOV 14 2023

(((H23000390847 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROTECT MY SERVICES, 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:

KEVIN ROWAN, ESQ.
Name of Person
FERNANDEZ LEGAL
Firm/Company
135 W. CENTRAL BLVD, SUITE 300
Address
ORLANDO, FL 32801
City/State and Zip Code
KROWAN@FERNANDEZ-LEGAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN ROWAN 407 574-5009
Name of Person at () 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

(((H23000390847 3)))

((H23000390847 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROTECT MY 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 Liability Company were filed on 07/08/2021 and assigned
Florida document number L21000313816

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: _____

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

((H23000390847 3)))

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>
AMBR	HECTOR A GUERRERO	618 E SOUTH STREET	<input type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32801	<input type="checkbox"/> Change
MGR	MIKE MAGILL	618 E SOUTH STREET	<input checked="" type="checkbox"/> Add
		SUITE 500	<input type="checkbox"/> Remove
		ORLANDO, FL 32801	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H23000390847 3)))

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

[illegible]

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 November 10 2023

Signature of a member or authorized representative of a member

J. MICHAEL MAGILL, JR.

Typed or printed name of signee

((H23000390847 3)))

Filing Fee: \$25.00