

L21000330654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

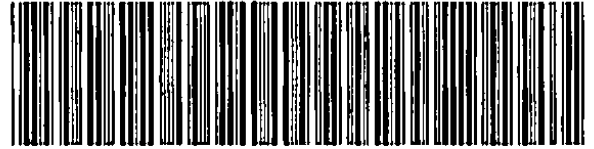
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11-21-22

TO: Registration Section
Division of Corporations

SUBJECT: BLUE ESCORTS & PROTECTION 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:

HAMMONDS, SHAKEISHA D

Name of Person

Firm/Company

15 SW 18TH AVE

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

Bluesescortsprotectionservices@gmail.com

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

For further information concerning this matter, please call:

SHAKEISHA D HAMMONDS,

954

802-4251

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

**TO
ARTICLES OF ORGANIZATION
OF**

BLUE ESCORTS & PROTECTION 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 November 3, 2022 and assign
Florida document number L21000330656.

This amendment is submitted to amend the following:

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

BLUE'S ESCORTS & PROTECTION SERVICES LLC

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:

15 SW 18TH AVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33312

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:

SHAKEISHA D HAMMONDS.

New Registered Office Address:

15 SW 18TH AVE

Enter Florida street address

FORT LAUDERDALE

City

Florida

33312

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 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of /</u>
MGR	TATYANNA STOKES	37 S.W 18TH AVE FORT LAUDERALE FL 33312	☒ Add
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			☐ Chang
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(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 605.0

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.

2022

Signature of a member or authorized representative

SHAKEISHA D HAMMONDS.

Typed or printed name of signee

Filing Fee: \$25.00