KZI 000345536

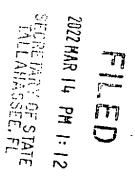
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phoni | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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A. BUTLER MAR 2 8 2022

COVER LETTER

| | legistration Sectivision of Corp | | | | |
|------------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| SUBJECT | | ols of Florida | , | | |
| SUBJECT | | Name of Lim | Name of Limited Liability Company | | |
| The enclos | sed Articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please retu | ırn all correspon | dence concerning this matter | to the following: | | |
| | | Rene Gutierrez | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 511 SE 5 Ave apt 2514 | | | |
| | | | Address | | |
| | | Ft Lauderdale, FL 33301 | | | |
| | | rg13065@gmail.com | City/State and Zip Code | | |
| | | | to be used for future annual report | notification) | |
| For further | information cor | acerning this matter, please co | all: | | |
| Rene Guti | errez | | 305 879-746 | 0 | |
| | Name of I | Person | | ytime Telephone Number | |
| Enclosed is | s 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) | |
| | lailing Address: egistration Se | | Street Address Registration | | |
| | Division of Corporations | | Division of Corporations | | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Safety Protocols of Florida

company has been notified in writing of this change.

2022 HAR 14 PM 1: 12

| (Name of the Limited Liability Company as it now appears; or our real (A Florida Limited Liability Company) TALL The Articles of Organization for this Limited Liability Company were filed on 1 | and assigned | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|
| Florida document number L21000345536 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | |
| • | | | |
| Executive Services and Protection 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: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | <u></u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | - | | |
| | | | |
| B. If amending the registered agent and/or registered office address on our records, <u>e</u> agent and/or the new registered office address here: | enter the name of the new regist | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| Enter Florida street a | 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 | | | |
| provisions of all statutes relative to the proper and complete performance of my dutic accept the obligations of my position as registered agent as provided for in Chapter (| | | |

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 Title Name **Address** Type of Action _____ □Remove _____ Change _____ □Remove _____ 🗆 Add □Remove _____ □Change □Remove

______ □Change

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| an effec <u>ote:</u> If | e date, if other than the date of filing: |
| record : is filed | 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 |
| ited | 3/9/ 2022. |
| | An Aut |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00