# L22000077513

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SECRETARY OF STATE

#### **COVER LETTER**

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	FLORIDA	PROTECTION GROUP LL	· ,	•		
SUBJECT	·	Name of Lin	nited Liability Company	·		
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspe	ondence concerning this matter	to the following:			
		ANDRE S. SMITH				
			Name of Person	·		
			Firm/Company			
		405 NW 7TH COURT A	РТ. В			
			Address			
		HALLANDALE FL		Name of Person  Firm/Company  Address  //State and Zip Code fill.com sed for future annual report notification)  at (		
			City/State and Zip Code			
		floridaprotectiongroup53(	<del></del>			
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ANDRE S			at ( )			
	Name o	f Person	Area Code Dayı	time Telephone Number		
Enclosed is	s a check for th	ne following amount:				
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy		
VI	ailing Addres	s:	Stroot Addrocco			
	egistration S	<del></del>		Section		
	ivision of C	-	Division of C	orporations		
	O. Box 632		The Centre of			
	allahassee, I	TL 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### FLORIDA PROTECTION GROUP 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 Florida document number L22000077513	were filed on 02/16/2022	_ and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	viation "L.L.C."			
Enter new principal offices address, if applicable:	405 NW 7TH COURT APT. B				
(Principal office address MUST BE A STREET ADDRESS)	HALLANDALE, FL 33009				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	405 NW 7TH COURT APT. B HALLANDALE, FL 33009				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	eddress on our records, enter the name of the control of the contr	SECIENTARY OF STATE			
	, Florida				
	City	Zıp 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>	Address	Type of Action
MGR	ANDRE S. SMITH	405 NW 7TH COURT APT. B	
		HALLANDALE FL 33009	
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record s	specifies a del n day after the	layed effective record is file	ve date, but ed.	not an effe	ective time,	at 12:01 a	.m. on the e	arlier o
ine 90th								
SEPT	TEMBER 12		2022	_				
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SEPT	TEMBER 12	A Signature (	eath.	mnorized repre	sentative of a m	ember		