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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROTECTION GURUS, LLC

Certificate of Status	0
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Page Count	04
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Protection Gurus, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
the Articles of Organization for this Limited Liability Comp	pany were filed on 03/02/2022	and assigned
lorida document number L22000088358		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Huming waters, Mill BETT 1001 01 110 Book		
3. If amending the registered agent and/or registered of	fice address on our records, <u>enter the t</u>	name of the new regist
gent and/or the new registered office address here:		202;
		2 14.8
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	∷Zip <b>CD</b> de

## 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 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>	Name	Address	Type of Action
MGR	813 WARRANTY, LLC	501 E KENNEDY BLVD STE 802	
		501 E KENNEDY BLVD STE 802	■ Remove
			□Change
MGR	Robin David Porter, Jr.	501 E KENNEDY BLVD STE 802	■Add
		501 E KENNEDY BLVD STE 802	□Remove
			□Add
			□ Remove
			□Change
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	ve date, if other than the date of filing:
Effecti	ve date, if other than the date of filing:
Effecti If an eff	
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
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