(Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phone #)		
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(Document Number)				
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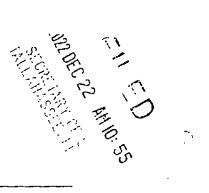
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DPROTECTION CONSULTING UC 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:
Elias E. Maluenda Muñoz Name of Person
Firm/Company
7230 Westpointe BLVD UNIT 1223
Orlando fl 32835
ORLANDO FI 32835 City/State and Zip Code AMAZONASINSURANCE 2020 D GMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elias E Maluruda Munor at (786) 25/6/91 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



. D PROTECTION CO	ansulting le	·
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Considered Accument number 12200333359		128 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	Ciņ	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

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
AMBR	elias E.	Maluenda Muñoz	7230 WESTPOINTE BUILD UNIT 1223 ORIANDO A 32835	X Add
				□Remove
				□Change
				🗆 Add
				□Remove
				□Change
				□Add
				□Remove
				Change
	- ~-			🗆 Add
				□Remove
				Change
				□Add
				□Remove
				Change
				□Add
				□Remove
				ClChange

ve date, if other than the date of filing:
ent's effective date on the Department of State's records.
d 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 led.
12/22/2022
Signature of a member of authorized representative of a member
MARIN J. Mendoza

Filing Fee: \$25.00