

L23000064635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

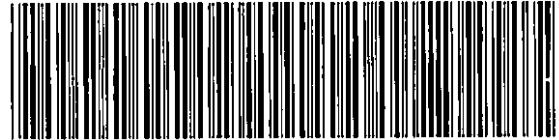
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900402195539

02/16/23--01021--004 **\$0.00

LLC N/C & Amend

FILED
2023 FEB 16 PM 12 25
CLERK OF STATE
ALABAMA

A. RAMSEY
APR 19 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 300 PROTECTION GROUP 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:

Jacob K Ramaya

Name of Person

300 Protection Group LLC

Firm/Company

33882 STATE ROAD 62 UNIT C

Address

DUETTE, FL 34219

City/State and Zip Code

300group.jacobramaya@gmail.com

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

For further information concerning this matter, please call:

Jacob Ramaya

813

928-1019

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

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

FILED

2023 FEB 16 PM 12 25

300 PROTECTION GROUP LLC

(Name of the Limited Liability Company as it now appears on our records, SECRETARY OF STATE
(A Florida Limited Liability Company) FLORIDA)

The Articles of Organization for this Limited Liability Company were filed on 02/03/2023 and assigned
Florida document number L23000064635.

This amendment is submitted to amend the following:

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

300 PROTECTION GROUP, 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)

33882 STATE ROAD 62 UNIT C

DUETTE, FL 34219

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

33882 STATE ROAD 62 UNIT C

DUETTE FL, 34219

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:

JACOB K RAMAYA

New Registered Office Address:

33882 STATE ROAD 62 UNIT C

Enter Florida street address

DUETTE


Florida 34219

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. 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAOB K RAMAYA	33882 STATE ROAD 62 UNIT C	<input type="checkbox"/> Add
		DUETTE, FL 34219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACOB K RAMAYA	33882 STATE ROAD 62 UNIT C	<input checked="" type="checkbox"/> Add
		DUETTE, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

• • • • •

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 02/14 2023

Signature of a member or authorized representative of a member

JACOB KENDALI, RAMAYA

Typed or printed name of signee