## L23000213345

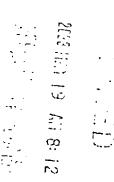
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A. RIVERS

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: QUI	Name of Limite	MAN PROTE	CTION GROUP L
The enclosed Articles of Amendment a	nd fee(s) are submi	itted for filing.	
Please return all correspondence conce	ming this matter to	the following:	
9	<u> Lendo</u>	Name of Person	uson
QUAI	2DEMAN	PROTECT/ Firm/Company	Dy GROUP LLC
320	1 WAT	ERITORD AU	DE
1/	+MARY	4 City/State and Zip Code	33321
GUA	RismA. E-mail address: (to	M G LLL C 6 C be used for future annual report no	JMAICOM olification)
For further information concerning this	matter, please call	:	
GLENDON J-C	ELG-USOI	at (954) Days	7 8670 ime Telephone Number
Enclosed is a check for the following a	mount:		
	Filing Fee & cate 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

GOALS MAN 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 were filed on \_ and assigned Florida document number 123000213345 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
AMBR	MACKENZIE STO	OT 8201 WATERFOLD AVE	□ Add
		TAMARAL FL 33321	
			□Change
AMBR	BOHAN HENRY	8201 WATERFORD AUE	&\lambdadd
		TAMARAC FO	□Remove
			□Change
			🗆 Add
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