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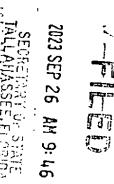
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COVER LETTER

	sion of Cor		*			
	TOTAL INSURANCE LLC Name of Limited Liability Company					
SUBJECT:						
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		RICARDO ATENCIO				
		**.*.	Name of Person			
		RICARDO ATENCIO				
			Firm/Company			
		1110 S ALDER AVE				
			Address			
		ORLANDO, FL 32807				
			City/State and Zip Code			
		ricardoate27@hotmail.com	to be used for future annual report no	(ification)		
For further in	formation c	oncerning this matter, please ca	·			
RICARDO A	TENCIO		407 968.5680			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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		Street Address: Registration S	ection			
Division of Corporations P.O. Box 6327		Division of Co	Division of Corporations			
	lahassee, l			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL INSURANCE 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 69/13/2023 and assigned Florida document number L23000425982 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PROTECTOR LINE LLC 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

Cirv

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

Title	Name	Address	Type of Action
			□ Add
			Remove
			Change
			□Add
			□ Remove
			□Change
			bbA□
			Remove
			☐ Change
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ffective date, if other than the da	te of filing:		(optional)	
an effective date is listed, the date must be Sofe: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be p does not meet the app	plicable statutory filing	re than 90 days after filing)	Pursuant to 605 0207 (vill not be listed as t
record specifies a delayed effective da Lis filed.	ae, but not an effectiv	ve time, at 12:01 a.m. o	on the earlier of: (b) The	90th day after the
SEPTEMBER 21	2023			
-	TIC/TI			
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Typed or printed name of signee