

L23000526124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

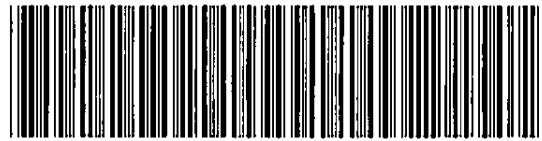
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/23--01047--002 **25.00

2024 FEB 2 PM 3:23

of 3/20/2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2024

ROBERT BROWN, JR.
7816 VETERANS PARKWAY
NORTH PORT, FL 34288

SUBJECT: B AND B PROTECTION, LLC
Ref. Number: L23000526124

We have received your document for B AND B PROTECTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

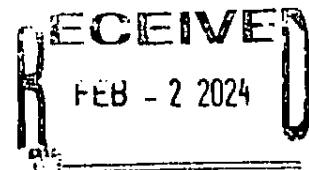
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 724A00001228



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

2024 FEB -2 PM 3:23

B AND B PROTECTION, 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 NOVEMBER 22, 2023 and assigned Florida document number L23000526124.

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 "L.L.C."

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

_____, **Florida** _____
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>
MRS MGR <i>RSB</i>	PATSY A. BROWN	7816 VETERANS PARKWAY	<input type="checkbox"/> Add
		NORTH PORT, FL 34288	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR MGR <i>RSB</i>	ROBERT BROWN JR	7816 VETERANS PARKWAY	<input checked="" type="checkbox"/> Add
		NORTH PORT FL 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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