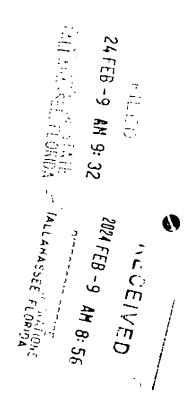
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PICK-UP WAIT	MAIL
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(Document Number)	
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COVER LETTER

TO: Registration Division of 0	o Section Corporations		
Непгу	and Morgan Protection Services L	LC	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Scott Ryals		
		Name of Person	
	Henry and Morgan Protec	tion Services LLC	
		Firm/Company	
	2601 Redtail Street		
		Address	
	Panama City, Florida 3240	05	
		City/State and Zip Code	
	srironworks@gmail.com		
	E-mail address: (1	to be used for future annual repo	rt notification)
For further information	on concerning this matter, please ca	all:	
Scott Ryals		762 247-00	639
Nan	ne of Person	at () Area Code D	laytime Telephone Number
11411	ic of Ferson	Area Code D	ayume releptione number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

24 FEB -9 AH 9: 32

Henry and Morgan Protection Services LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Flo	orida Limited Liabilit	y Company)	
The Articles of Organization for this Limited Liabilit Florida document number L24000007912	ty Company were	filed on	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability c	ompany here:	
The new name must be distinguishable and contain the words "	'Limited Liability Cor	mpany," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 <u></u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ss on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:		-	 -
New Registered Office Address:		Enter Florida street ad	ldress
			. Florida
	C	ity	, FloridaZip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age	ent and agree to	act in this capacity	I further garee to comply with

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 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>	Address	Type of Action
MGR	Scott Ryals	2601 Redtail Street, Panama City, FL, 32405	■ Add
			= Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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<u></u>			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Feetive date, if other than the date of filing: (optional) (opti		_
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Filing Fee: \$25.00