

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

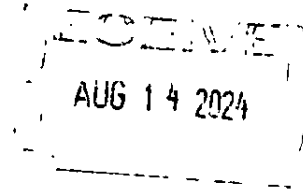


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2024

XAVIEL A ALFONSO  
1250 NW 21 ST APT 915  
MIAMI, FL 33142

SUBJECT: SOFIA EMERGENCY TRANSPORTATION LLC  
Ref. Number: L24000026229



We have received your document for SOFIA EMERGENCY TRANSPORTATION LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6000.

Rebekah Lefeavers  
Regulatory Specialist III

Letter Number: 624A00016288

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SOFIA EMERGENCY TRASPORTATION LLC

DOCUMENT NUMBER: L24000026229

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Xavier A Alfonso

Name of Contact Person



Firm/ Company

1250 nw 21 st

Apt 915

Address

MIAMI FL 33142

City/ State and Zip Code

XAVIEL8857@YAHOO.COM

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

For further information concerning this matter, please call:

XAVIEL A ALFONSO

at ( 305 ) 903-8353

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

Amendment 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

Sofia Emergency Transportation 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 01/11/2024 and assigned Florida document number L24000026229.

This amendment is submitted to amend the following:

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

Xy Security Protection 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)

1250 NW 21 St Apt 915  
Miami FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1250 NW 21 St Apt 915  
Miami FL 33142

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:

Carlos A. J. Dominguez

New Registered Office Address:

3135 NW 34 St

Enter Florida street address

Miami

City

Florida

33142

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

MGR = Manager  
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Wanted To change the Company for a new Job.


E. Effective date, if other than the date of filing: 08/15/2024 (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 08/05 , 2024 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

XAVIER A ALFONSO  
\_\_\_\_\_  
Typed or printed name of signer