

L24000055475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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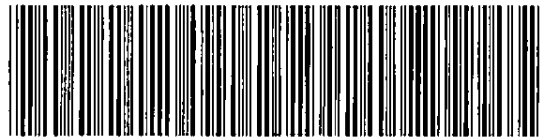
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J&M PROTECTIVE AGENCY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A. RODRIGUEZ

Name of Person

INTEGRAL CONSULTING SERVICES LLC

Firm/Company

15280 NW 79th CT Ste 107

Address

Miami Lakes, FL 33016

City/State and Zip Code

info@integralservicesus.com

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

For further information concerning this matter, please call:

Jose A. Rodriguez

754

301-1370

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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
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

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TALLAHASSEE, FLORIDA
and assigned

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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Dated November 04, 2024

20250101 10:10:00 AM 10:10:00 AM 10:10:00 AM

Signature of a member or authorized representative of a member

JUAN F. TRIANA

Typed or printed name of signee

Filing Fee: \$25.00