

MI70000003167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

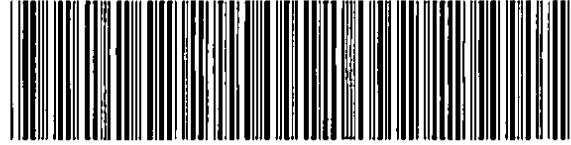
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1. put name
2. cert / Name Change

Office Use Only



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FILED  
2023 DEC 14 PM 1:41  
SECRETARY OF STATE  
TOLSON

DEC 14 2023  
D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Fire Protection, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Pyle

Name of Person

CHA Fire Protection Services, LLC

Firm/Company

III Winners Circle

Address

Albany, NY 12205

City/State and Zip Code

cpxle@chacompanies.com

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

For further information concerning this matter, please call:

Christine Pyle at (518) 453-8249  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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2023 DEC 14 PM 1:41  
CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2023

CHRISTINE PYLE  
CHA FIRE PROTECTION SERVICES, LLC  
111 WINNER CIRCLE  
ALBANY, NY 12205

SUBJECT: AMERICAN FIRE PROTECTION, LLC  
Ref. Number: M17000003167

We have received your document for AMERICAN FIRE 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):

Please complete the application. Name of entity goes on line 1 and the jurisdiction goes on line 3. Signature on page 4 must be darker.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Diane Cushing  
Operations Manager A

Letter Number: 523A00027683

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

2023 DEC 14 PM 1:41  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: American Fire Protection, LLC

Enter new principal office 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)

M17000003167

2. The Florida document number of this limited liability company  
is: \_\_\_\_\_

3. Jurisdiction of its organization: Alabama

4. Date authorized to do business in Florida: M17000003167

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: CHA Fire Protection Services, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

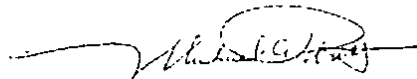
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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*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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

A handwritten signature in black ink, appearing to read "Michael G. [unclear]", with a horizontal line extending to the right.

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative  
Michael A Platt  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that CHA Fire Protection Services,  
LLC was formed in Jefferson County on January 9, 2004. The Alabama Entity  
Identification number for this entity is 000-232-844. I further certify that the  
records do not disclose that said entity has been dissolved, cancelled or terminated.



**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

10/10/2023

Date

A handwritten signature in cursive script, appearing to read "Wes Allen", is written over a horizontal line.

20231010000016968

Wes Allen

Secretary of State

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF AMENDMENT

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the Code of Alabama 1975, this Certificate of Amendment and the appropriate filing fees must be filed with the Office of the Secretary of State.

1. The current recorded name of the Limited Liability Company:

American Fire Protection, LLC

2. The date the Certificate of Formation was filed: 01 / 09 / 2004 (MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000-000): 000 - 232 - 844 **TO OBTAIN ID NUMBER,** website at [www.sos.alabama.gov](http://www.sos.alabama.gov) click on Business Services (below picture). click on Business Entity and Name Search. click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

(For SOS Use Only)

Alabama	
Sec. Of State	
000-232-844	DLL
Date	08/16/2023
Time	11:32:03
File	\$100.00
County	-----
Total	\$100.00



DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT

4. The following amendment was adopted on 08 / 16 / 2023 (MM/DD/YYYY):

See attached.

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☐ Additional Amendments and the dates on which they were adopted are attached.

\*Be very specific about what must be changed if you are amending existing information.

\*If the amendment includes a name change, a copy of the **Name Reservation Certificate** issued by the Office of Secretary of State **must be attached**.

\*Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). **Agent information will NOT be changed with an amendment.**

5. The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the *Code of Alabama of 1975* and the governing documents of this entity.

08 / 16 / 2023

Date (MM/DD/YYYY)

Thomas D. Titsworth

Signature as required by 10A-5A-2.04

Asst. Secretary / Regional Counsel

Title/capacity to sign under 10A-5A-2.04

## Amendment Details

### Entity Info

**Current Entity Name**

CHA Fire Protection Services, LLC

**Entity ID**

000-232-844

**Type**

Limited Liability Company (LLC)

**Formation Date**

2004-01-09

### Legal Name

**Original**

**Amended**

**Legal Name**

American Fire Protection, LLC

**Legal Name**

CHA Fire Protection Services, LLC

Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama  
1975, and upon an examination of the entity records on file in this office, the  
following entity name is reserved as available:

**CHA Fire Protection Services, LLC**

This name reservation is for the exclusive use of American Fire Protection LLC, 3  
Winners Circle, Albany, NY 12205 for a period of one year beginning 06/15/2023  
and expiring 06/15/2024



097997

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

06/15/2023

Date

A handwritten signature in black ink, appearing to read "Wes Allen".

Wes Allen

Secretary of State