

L16000191250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

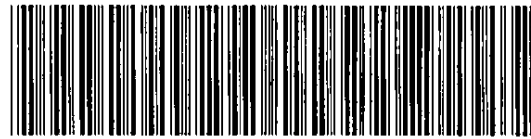
(Document Number)

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

Special Instructions to Filing Officer:

Sign

Office Use Only



700297834077

04/15/17--01014--014 \*\*25.00

FILED  
17 JUN 19 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2017

MICHAEL A. GIL  
840 E. 32ND STREET  
HIALEAH, FL 33013

SUBJECT: ABOVE AND BEYOND PROTECTION L.L.C  
Ref. Number: L16000191256

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

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 017A00007353

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABOVE AND BEYOND PROTECTION L.L.C  
\_\_\_\_\_

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:

Michael A Gil

\_\_\_\_\_  
Name of Person

ABOVE AND BEYOND PROTECTION L.L.C

\_\_\_\_\_  
Firm/Company

840 E 32ND ST

\_\_\_\_\_  
Address

HALEAH FL 33013

\_\_\_\_\_  
City/State and Zip Code

MICHAELGIL64@YAHOO.COM

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

For further information concerning this matter, please call:

MICHAEL GIL

305 407-5620

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ABOVE AND BEYOND PROTECTION L.L.C.

(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 FL and assigned Florida document number L16000191256.

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)

PO BOX 138565 HIALEAH FL 33013

**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:

MICHAEL A GIL

New Registered Office Address:

840 E 32ST

*Enter Florida street address*

HIALEAH

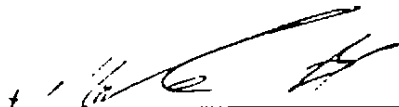
*City*

Florida 33013

*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

FILED  
JUN 19 3:09 PM  
STATE OF FLORIDA

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>                   |
|--------------|---------------|-----------------------------|---|
| MGR          | MICHAEL A GIL | 840 E 32ST HIALEAH FL 33013 | <input checked="" type="checkbox"/> Add |
|              |               |                             | <input type="checkbox"/> Remove         |
|              |               |                             | <input type="checkbox"/> Change         |
|              |               |                             | <input type="checkbox"/> Add            |
|              |               |                             | <input type="checkbox"/> Remove         |
|              |               |                             | <input type="checkbox"/> Change         |
|              |               |                             | <input type="checkbox"/> Add            |
|              |               |                             | <input type="checkbox"/> Remove         |
|              |               |                             | <input type="checkbox"/> Change         |
|              |               |                             | <input type="checkbox"/> Add            |
|              |               |                             | <input type="checkbox"/> Remove         |
|              |               |                             | <input type="checkbox"/> Change         |
|              |               |                             | <input type="checkbox"/> Add            |
|              |               |                             | <input type="checkbox"/> Remove         |
|              |               |                             | <input type="checkbox"/> Change         |
|              |               |                             | <input type="checkbox"/> Add            |
|              |               |                             | <input type="checkbox"/> Remove         |
|              |               |                             | <input type="checkbox"/> Change         |
|              |               |                             | <input type="checkbox"/> Add            |
|              |               |                             | <input type="checkbox"/> Remove         |
|              |               |                             | <input type="checkbox"/> Change         |

FILED  
 JUN 19 3 09 PM  
 17  
 COUNTY OF DADE  
 PUBLIC ASSISTANT CLERK  
 MIAMI, FLORIDA

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

Multiple horizontal lines for amending information.

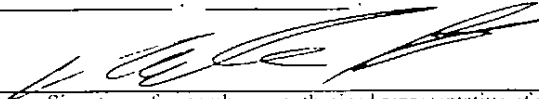
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 5-3-17



Signature of a member or authorized representative of a member

Michael Gil

Typed or printed name of signee

FILED  
17 JUN 19 PM 3:09  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA