

L19000140372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

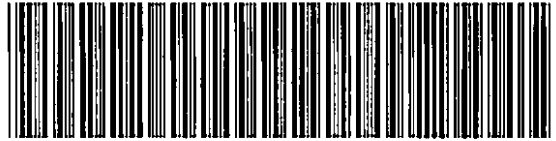
(Document Number)

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STATE OF TEXAS  
COUNTY OF DALLAS

2020 JUL -6 AM 10:09

FILED

JUL 07 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN 10 12:07

June 10, 2020

GARRY TELEMAQUE  
1136 NW 7TH TERRACE  
FORT LAUDERDALE, FL 33311

SUBJECT: PROTECTION PLUS SERVICES LLC  
Ref. Number: L19000140372

We have received your document for PROTECTION PLUS SERVICES 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 020A00011401

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PROTECTION PLUS SERVICES 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:

GARY TELEMAQUE  
Name of Person

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

1136 NW 7<sup>TH</sup> TERRACE  
Address

FORT LAUDERDALE FL 33311  
City/State and Zip Code

DARYL60740GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY TELEMAQUE at (239) 298-9172  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Protectum Plus SERVICES LLC

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

FILED  
2020 JUL - 6 AM 10:09  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HIGHLAND

The Articles of Organization for this Limited Liability Company were filed on 5/24/2019 and assigned Florida document number L19000140372.

This amendment is submitted to amend the following:

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

SECURITY ONE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1136 NW 7<sup>TH</sup> TERRACE  
FORT LAUDERDALE FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1136 NW 7<sup>TH</sup> TERRACE  
FORT LAUDERDALE FL 33311

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:

GARY TEKEMAGLE

New Registered Office Address:

1136 NW 7<sup>TH</sup> TERRACE FORT LAUDERDALE

Enter Florida street address

FORT LAUDERDALE

City


Florida

33311

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

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>
_____	_____	_____	<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
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