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SECRETARY OF STATE

G. MCLEOD

MAR - 7 2008

EXAMINER

COVER LETTER

то:	Registration S Division of Co			
SUBJE	_{CT:} HEINTZ	AQUIZITION COMPA	NY, LLC	
20		(Name of Lin	nited Liability Company)	<u>.</u>
				,
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspe	ondence concerning this matter	r to the following:	
		LAURIE A. HEIN		
			(Name of Person)	
		HEINTZ AQUISIT	ION COMPANY, LLC	
			(Firm/Company)	
		5771 HARBORAG	· · · · · · · · · · · · · · · · · · ·	
			(Address)	
		FORT MYERS, F		
			(City/State and Zip Code)	
For furt	her information (concerning this matter, please of	eall:	
LAL	JRIE A. HEIN	NTZ .	at (239) 728-7731	
	(Name	of Person)	(Area Code & Daytime T	Celephone Number)
Enclose	d is a check for t	he 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)
	Regist Divisi P.O. B	ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT DIVISION OF CORPORATION: ARTICLES OF ORGANIZATION OF MAR -6 PM 1:40

HEINTZ AQUISITION COM	MPANY, LLC	
(<u>Name of the Limited I</u> (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on <u>UZ/Z//ZUU8</u>	and assigned
Florida document number <u>L08000021027</u>	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	the limited liability company here:	
PROTECTIVE BARRIERS, LLC		"
"L.L.C."	the words "Limited Liability Company," the designation	"LLC" or the appreviation
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, ente ce address here:	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street	address)
	, Florida	
	(City)	(Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	•		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add ·Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_
, -			_
Dated	Laure of a mamber	or authorized refresentative of a member	
	Laurie Hei	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00