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C. LEWIS MAR 1 9 2010 **EXAMINER**

SUBJECT:	Protective Bar	riers, LLC		
SUBJECT,	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Laurié	Heintz Name of Person	<u>. </u>	
	Protect	ive Barriers, LLC Firm/Company	<u>_</u>	
	2537 Cr	ystal Drive		
		Address		
Fort Myers, FL 33966 City/State and Zip Code				
		eintz@comcast.net to be used for future annual report notifica	ition)	
For further information c	oncerning this matter, please c	eall:		
Laurie Heintz Name of Person		at (_239)728=7731 Area Code & Daytime Telephone Number		
Enclosed is a check for the	ne 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)	

TO:

Registration Section Division of Corporations

> 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

FILED

2010 MAR 18 PM 22: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Protective (Name of the Limited Liabil	e Barriers, LLC lity Company as it now appears of la Limited Liability Company)	n our records.)
(A Florid	la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Febr	uary 27, 2008 and assigned
Florida document numberL08000021027		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressered agent and/or the new registered office ac		records, enter the name of the new
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 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	David Nipper	830 Deep Lagoon Lane Fort Myers, FL 33919	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information	n, enter change(s) here: (Attach additional sheets, if	necessary.)
	3/10/10	7: Ti_A	ZOIO MAR 18 PH F
	Signat	Laurie Heintz Typed or printed name of signee	RIS 41 SEE, FLORIDA
		Page 2 of 2	*

Filing Fee: \$25.00