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(Re	questor's Name)	
(Ad	dress)	
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DIVISION OF CONFORATION

T. MATTHEWS JUN 29 2022

COVER LETTER

TO: Registration Se Division of Cor				
	eviews, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Clint DeBoer			
		Name of Person		-
	Pro Tool Reviews, LLC			
		Firm/Company		
	3725 Myrtle Hill Way			
		Address		· · · · · · · · · · · · · · · · · · ·
	Lakeland, FL 33811			
		City/State and Zip Code		
	tina@edmedia.com	to be used for future annual	report notific	cation)
For further information c	oncerning this matter, please ca			·
Clint DeBoer	-	863 39		
Name o	f Person	at () Area Code	Daytime	Telephone Number
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addres</u> Registration			ration Sec	
Division of C P.O. Box 632	Corporations		on of Corp entre of Ta	oorations allahassee
F.O. DOX 032	- 1	1110 00		

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Pro Tool Reviews, LLC

company has been notified in writing of this change.

22 MAY -6 AM 9: 21

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

ny were filed on $\frac{9/1/20}{2}$	08 and assigned
ability company here:	
ibility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
e address on our reco	rds, <u>enter the name of the new register</u>
Enter Florida .	street address
	[2]
City	Florida Zip Code
ıt <u>:</u>	
gree to act in this can	acity. I further agree to comply with t
te performance of my	duties, and I am familiar with and
	oter 605. F.S. Or, if this document is onfirm that the limited liability
	Enter Florida. City tt: gree to act in this cap to performance of my s provided for in Cha

If Changing Registered Agent, Signature of New Registered Agent

 If ancending 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>	Type of Action
CEO	Clint DeBoer	3725 Myrtle Hill Way	
		Lakeland, FL 33811	
			Change
VP Kenneth Koehler	5303 White Egret Laine	≣ Add	
		Lakeland, FL 33811	
			Change
MGR Christina DeBoer	3725 Myrtle Hill Way		
	Lakeland, FL 33811	■Remove	
		□Change	
MGR Clint DeBoer	3725 Myrtle Hill Way		
	Lakeland, FL 33811	■Remove	
		□Change	
MGR Kenneth Koehler	5303 White Egret Lane		
	Lakeland, FL 33811	■Remove	
		Change	
		□Add	
			□Remove
			□ Change

		 	
			
			
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not meet the appli	icable statutory filing requirer	(optional)) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
e record specifies a delayed effe rd is filed.	ctive date, but not an effective	time, at 12:01 a.m. on the ear	flier of: (b) The 90th day after the
Dated May 3	2022		
1511164	 `	<u> </u>	
OR D	M	besides a second	
OR D	Signature of a member or aut	horized representative of a meml	per