# L10000018826

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OCT 2 5 2010 **EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PROGRESSIVE RETROFIT, LC
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:
Eric McAuly Name of Person
Progressive Retrofit, LC
2260 St Street #204
Fort Mycs, FL 33901 City/State and Zip Code
eric meauley & progressive retrofit. Com  E-mail address: (to be used for future arrhual report) notification)
For further information concerning this matter, please call:
Name of Person at (239) (415-241-76)  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 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

FILED

	OF	THE CET 22 AM 10: 1	
PROGRESSIVE	RETROFIT,	OUR records.) TALLAHASSEE, FLORI	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.) TALLAHASSEE, FLORI	
The Articles of Organization for this Limited Liability	Company were filed on	7/2010 and assigned	
Florida document number <u>L1000001882</u>	<u>6</u> .		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Fnter F	lorida street address	
	City	, Florida 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 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 = Manager

<u>Name</u>	Address	Type of Action
Eric McAuley	2260 1St St. #204 Fort Myers PL 33901	Add Remove
		Add ☐ Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
Signature of a member of ERIC MC	rapithorized representative of a member	TILED  2010 OCT 22 AM 10: 18  TALLAHASSEE, FLORIDA
	g any other information, enter change(s)  Signature of a member of URIC MC	Eric McAuley  22 to 15t St. # 204  Fort Myers Ft 33961  g any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Signature of a member or apthogized regresentative of a member

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Filing Fee: \$25.00