L100000 67958

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE 02-02-14

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JAN 2 9 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: Pres	Name of Limite	d Liability Company		
	Name of Limited	и слаонну Сотрану	·	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	James	M. Sm, 4. Name of Person	<u> </u>	
	Prever	HIVE LLC Firm/Company		
	310 B	obwhite DR.		
	Pensac	iola, 71 32	2514	
		City/State and Zip Code Hh7/H @ CoX. be used for future annual report notificat		2014
For further information con	cerning this matter, please cal	·	DX:5	. [= ;
<u>James</u> Name of P	M Smith	at (<u>850</u>) <u>485- 7</u> Area Code Daytime Te	595 Elephone Number	_
Enclosed is a check for the	following amount:		elephone Number	7:16
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &

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 ARTICLES OF ORGANIZATION **OF**

Preventive L	LC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recoility Company)	cords.)
The Articles of Organization for this Limited Liability Company we Florida document number £1000006795B	ere filed on <u>OG/25/</u>	2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:	
Preventive HEATING AND The new name must be distinguishable and end with the words "Limited" L.L.C."	AIR LLC I Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NJA	3 8
(Principal office address MUST BE A STREET ADDRESS)		5 5 5
		(A) (B)
Enter new mailing address, if applicable:	N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	/	7 7 6
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our record	s, enter the name of the nev
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida s	treet address
	RI	orida
	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = 'Manager

AMBR = Authorized Member **Address Type of Action Name** 310 Bobwhite DR. Add

Pensacola 74 32514 Remove SMITH ROSA E MGR Sinith, James M 310 Bobwhite DR Add

Pensacola, 71 32514 Remove Remove Remove Remove

D. Íf ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
E. Effe (If an ef	ctive date, if other than the date of filing:(optional) fective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Janues 11. Smith Typed or printed name of signee
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00



January 15, 2014

JAMES M. SMITH
PREVENTIVE LLC
310 BOBWHITE DRIVE
PENSACOLA, FL 32514

SUBJECT: PREVENTIVE LLC Ref. Number: L10000067958

We have received your document for PREVENTIVE 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):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 614A00001055