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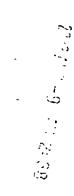
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COVER LETTER

TO: **Registration Section Division of Corporations** PROACTIVE ASSISTIVE TECHNOLOGY, L.L.C. SUBJECT: 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: Garrett Hayward Name of Person PROACTIVE ASSISTIVE TECHNOLOGY, L.L.C. Firm/Company 8606 Leighton Drive Address Tampa/FL 33614 City/State and Zip Code standbarsolutions@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Garrett Hayward 629-3036 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, S25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOLOGY, L.L.C.	
ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) ;)
	07/17/2014 and assigned
owing:	
f the limited liability company	<u>here</u> :
	e designation "LLC" or the abbreviation "L.L.C."
eable:	
ET ADDRESS)	
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BOX)	!
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	r records, enter the name of the new regis
ss here:	ప
Garrett Hayward	
8606 Leighton Drive	
Enter 1	Florida street address
Tampa	, Florida 33614
	ted Liability Company as it now app (A Florida Limited Liability Company iability Company were filed on owing: If the limited liability company words "Limited Liability Company," the cable: ET ADDRESS) BOX) registered office address on our ss here: Garrett Hayward 8606 Leighton Drive Enter I

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Autflorized 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
MGR	Garrett Hayward	8606 Leighton Drive	≣ Add
		Tampa, F1. 33614	□Remove
			□ Change
Mackenzie Hayward	Mackenzie Hayward	8606 Leighton Drive	□ Add
		Tampa, FL 33614	■Remove
			Change
			□Add
		☐Remove :: 3 :: :: :: ☐Change	
			□ Change
		□Add	
			□Remove
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			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ 06 August 2023 Signature of a member or authorized representative of a member Garrett Havward Typed or printed name of signee

Filing Fee: \$25.00