

L15 0000 13137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

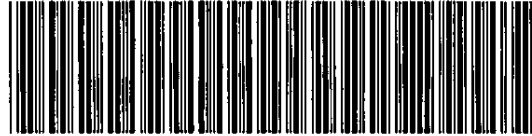
(Business Entity Name)

(Document Number)

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2016 JUN 24 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

PRO-TEKT LLC

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:

MATTHEW BURRELL

Name of Person

PRO-TEKT, LLC

Firm/Company

33 NE 2nd St. Suite 300

Address

FT. LAUDERDALE FL. 33301

City/State and Zip Code

MRBUSHA@Bellsouth.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW BURRELL

Name of Person

at

(954) 816-8991

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

PRO-TEKT LLC

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

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2016 JUN 24 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1.22.2015 and assigned
Florida document number L15000013137

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

33 NE 2nd ST. SUITE 300
FORT LAUD. FL. 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

AS ABOVE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

33 NE 2nd ST. SUITE 300

Enter Florida street address

FORT LAUDERDALE, Florida 33301

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 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

Title	Name	Address	Type of Action
mgr	MATTHEW BUNELL	33 NE 2nd ST.	☒ Add
		5th FL 300 FT LAND.	☐ Remove
		33301	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

FILED
2016 JUN 28 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 24 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 24 PM 1:35
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TALLAHASSEE, FLORIDA

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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.

(b) The 90th day after the record is filed.

Dated 23 JULY, 2016

Signature of a member of authorized representative of a firm

Signature of a member or authorized representative of a member

STEPHEN J. DRESCHER

Typed or printed name of signee