## L15000199674

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	ne #)
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(Docu	ıment Number	)
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SECRETARY OF STATE TALL ANASSEL, FLOREN

APPROVED AND FILED

19/01/01

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Protessiona (ontraction Name of Limited Liability Company	gLLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	201
Jon Pritchard	inting L2C PHI2: 6
Name of Person	.? P
Protessiona Cont	racting LLC
627 Minnesota St.	reet
Address	
Centana FL 334	42
City/State and Zip C  City/State and Zip C  E-mail address: (to be used for future and Zip C	409 gmail.com
For further information concerning this matter, please call:	
Jon Pritchard at (612) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$certified Copy (additional copy)	y Certificate of 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 TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L/5000199674</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Patrick Jon Wollmering	119A Lake vien	J Add
	-	119A Lake vien Lantana, FL 33462	Remove
			Change
			Add
			Remove
			Change
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			Remove
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			Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets	, ij necessary.)	
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	OF SIV	Œ)
	ORATE S	
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 on Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	days after filing.) Pursuant to 605 ents, this date will not be listed	5.0207 (3)( ed as the
If the record specifies a delayed effective date, but not an effective time, at 1 (b) The 90th day after the record is filed.	2:01 a.m. on the earli	er of:
Dated January 18th 2019		
Signature of a member or authorized representative of a member	r	
Jon Pritchard		

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Filing Fee: \$25.00