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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pro Active Seculconting 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:
Justin T. Whilder Name of Person
Pro Active Spalcoating, LLC Firm/Company
Pro Active Sealcoating LLC Firm/Company 725 Killar, vey Dr. Address
Sebring FL 33870 City/State and Zip Code whilden pas a gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Justin T. Whiolder at (863) 381 - 0999 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 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$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 Active Sc	alcoating LL	\subset
(<u>Name of the Limited Liab</u> (A Flori	ility Company as trnow appears o da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number $81-3840580$		-23-2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	:
Pro Active Coatings. L. The new name must be distinguishable and contains the words "L.	imited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	· · · · · · · · · · · · · · · · · · ·
		: 1
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ur records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	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 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}$	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
		· -	☐ Change
			□ Add
			Remove
			→ Add
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			☐ Change
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tive date, if other than the date of filing:	(optional)
tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing of If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 605.02
ment's effective date on the Department of State's records.	ining requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier ϵ
e 90th day after the record is filed.	
1 2 3 1 20 5	
May 23.d . 2018.	
'A'	
	ive of a member

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Typed or printed name of signee

Filing Fee: \$25.00