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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Proactive Approach 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:	
Tyler D. Rohman Name of Person	
Proactive approach LLC	
7231 Coca Sabal Lane	
Ft. Myers, Ft 33408	
E-mail address: (to be used) for future annual report notification)	
For further information concerning this matter, please call:	
Theresa MRohrman at 239 872 9112	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy is enclosed} \text{Certified Co} \text{Certified Co} \text{Certified Co} \text{Certified Copy is enclosed} \text{Certified Co} \	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

Proactive Ap (Name of the Limited Liability Compa (A Florida Limited L	by as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11700101210	were filed on $5/8/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.C." 7.231 Coca Saba L Lane Fort Myers 9 33908
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 779 Estero, FL 33929
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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

<u>Title</u>	Name	Address	Type of Action
Mgc	Theresa M Rohrma.	n 7231 Coca Sabal Ln) Add
Ü		Ti-Myers, Fi	Remove
		33908	Change
Mar	Tyler D. Rohman	7231 Cora Sabal Ln.	Ádd
C	_	F Myers, Ft 33900	Remove
			Change
AMBR	Theresa M.Rohraan	7231 Coca Sabal La	DC/Add
		7231 Coca Sabal La 17-Myers, FL 33900	∏ □ Remove
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If an effective date is li Note: If the date in	other than the date of filing: 5/8/20 isted, the date must be specific and cannot be prior to date of filing of serted in this block does not meet the applicable statutory for date on the Department of State's records.		
	ies a delayed effective date, but not an effective from a frective from the record is filed.	ve time, at 12:01 a.m. on the earli	er of:
Dated	5/19/18 Thew InRohn		
	Signature of a member or authorized representa Theresa M. Rohrma Typed or printed name of signe		

Page 3 of 3

Filing Fee: \$25.00