L17000 113499

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| 2.12.19 |

Office Use Only



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COVER LETTER

| SUBJECT: | Name of Limited Liability Company | _ |
|----------------------------|--|--|
| | | |
| The enclosed Articles of | f Amendment and fee(s) are submitted for filing. | |
| Please return all correspo | ondence concerning this matter to the following: | |
| | Bryan R. Eckley | |
| | Name of Person | |
| | PROTEX ROOFING, LLC | |
| | Firm/Company | |
| | 12157 W Linebaugh Ave #409 | |
| | Address | |
| | Tampa, FL 33626 | |
| | City/State and Zip Code eckley12@gmail.com | |
| | E-mail address: (to be used for future annual report notification) | |
| For further information of | concerning this matter, please call: | |
| Bryan R. Eckley | 813 298-2706 at () | |
| Name | of Person at () Area Code Daytime Telephone Nu | mber |
| Enclosed is a check for t | the following amount: | |
| □ \$25.00 Filing Fee | Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert | 00 Filing Fee, lificate of Status & lified Copy tional copy is enclosed |

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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



July 15, 2019

BRYAN R. ECKLEY 12157 W. LINEBAUGH AVE #409 TAMPA, FL 33626

SUBJECT: PROTEX ROOFING, LLC

Ref. Number: L17000163499

We have received your document for PROTEX ROOFING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please remove any reference to the registered agent on page 2 of the amendment and put it in the space provided on page 1, part B along with the new registered agent signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 019A00014332

www.sunbiz.org



June 20, 2019

BRYAN R. ECKLEY 12157 W. LINEBAUGH AVE #409 TAMPA, FL 33626

SUBJECT: PROTEX ROOFING, LLC

Ref. Number: L17000163499

We have received your document for PROTEX ROOFING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent change should be listed in the space provided on page 1, part B and the new registered agent must sign the acceptance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00012447

Irene Albritton Regulatory Specialist II



May 20, 2019

BRYAN R. ECKLEY 10184 FISHER LLC 12157 W. LINEBAUGH AVE #409 TAMPA, FL 33626

SUBJECT: PROTEX ROOFING, LLC

Ref. Number: L17000163499

We have received your document for PROTEX ROOFING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 819A00010211

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT . TO . ARTICLES OF ORGANIZATION OF

| PROTEX ROOFING, LLC | | |
|---|---|-----------------------|
| (Name of the Limited Liability Co (A Florida Lin | ompany as it now appears on our records.) nited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on August 01, 2017 | and assigned |
| lorida document number L17000163499 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | 201 |
| Principal office address MUST BE A STREET ADDRES | <u>s)</u> | |
| | | |
| | | C) |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | 2: 2 |
| Talling war all mark be in the same and a same and a same and a same and a same a same a same a same a same a | | <u> </u> |
| 3. If amending the registered agent and/or registere | ed office address on our records, ent | er the name of the |
| registered agent and/or the new registered office address | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| <u></u> | , Florida | |
| | 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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|----------------------------|----------------|
| RA | James R. Eckley | 12157 W Linebaugh Ave #409 | |
| | | Tampa, FL 33626 | |
| | | - Tampat F D 35020 | ■ Remove |
| | | | Change |
| TR | Brayden Eckley | 12157 W Linebaugh Ave #409 | |
| | | Tampa, FL 33626 | Add |
| | | | Remove |
| | | | ☐ Change |
| PD | Bryan R. Eckley | 12157 W Linebaugh Ave #409 | _ |
| | | Tampa, FL 33626 | D Add |
| | | | ☐ Remove |
| | | | ■ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |

| | and James R. Eckley i | s listed as the RA. There is a Change! James R. Eckley leaves the corporation, | • |
|-------------------------|---|--|--------------------------|
| | Brayden Eckley is nan | ned the TR. These should be noted as Bryan R. Eckley, PD as a Change, | |
| | James R. Eckley, RA | as a Remove and Brayden Eckley. TR as an Add. | - |
| | | | - |
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| | | May 7, 2019 | |
| (lf an e <u>Note</u> | effective date is listed, the d :: If the date inserted in | an the date of filing: | 5.0207 (3)(ed as the |
| fther b) Th | ecord specifies a de ne 90th day after th | elayed effective date, but not an effective time, at 12:01 a.m. on the earlie se record is filed. | er of: |
| Date | June 13 | 2019 | |
| | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00