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COVER LETTER

TO:	Registration Se Division of Cor			
		SIVE I's LLC		
SUBJE	ECT:			
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JERMAINE MCLEAN		
		PROGRESSIVE J's LLC	Name of Person	
		2341 SW HALISSEE STR	Firm/Company	
		PORT ST. LUCIE FL. 349	Address 53	
		jmfitzroy@gmail.com	City/State and Zip Code	
		E-mail address. ()	to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please co	all:	
JERM.	AINE MCLEAN		561 401 5049	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROGRESSIVE I'S LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value document number $\frac{1.17000229952}{1.000000000000000000000000000000000000$	were filed on November 7, 2017	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
PROGRESSIVE J's AIR CONDITIONING & REFRIGERATION LL	C	
he new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
The state of the s		
		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		=
3. If amending the registered agent and/or registered office ac	ldress on our records, enter the nan	ne of the new regist
gent and/or the new registered office address here:		22
		5.
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		-0; ==
	Enter Florida street address	55
	El : I	50

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 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
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

(If an ef Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	06-23-21
	(100)
	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of a member or authorized representative of a member