L18000129352

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COVER LETTER

TO:		istration Se sion _: of Cor		Đ	• *
SUBJE(CТ.	Proactive C	ommunications LLC		
au bur.	CI;		Name of Lim	ited Liability Company	
The enc	losed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn	all correspo	ndence concerning this matter	to the following:	
			David L. Wallace Jr.		
			Proactive Communications	Name of Person	
			3251 nw 4th st	Firm/Company	
			Lauderhill Florida 33311	Address	
			Dwallace1191@yahoo.com	City/State and Zip Code	
				to be used for future annual report notif	ication)
For furth	ner in	formation co	oncerning this matter, please co	all:	
David V	Vallac	e		954 683-7322 at ()	
		Name of	l'Person		Telephone Number
Enclosed	d is a	check for th	e following amount:		
□ \$ 25.	.00 Fi	ling Fee	■ \$30.00 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

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u> </u>
Proactive Communications LLC		S
(Name of the Limited Liabili	ty Company as it now appears on our records.)	
(A riorida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 08/05/2019	and assigned
Florida document number L18000129352		$\subseteq_{\mathbb{N}}$ $\dot{\otimes}$
		€# 5
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limi	ited liability company here:	
Proactive Communications Low Voltage LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	<u>.</u>
		——————————————————————————————————————
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
maning dualess MAT BLAT OST OFFICE BOA		- 15
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ter the name of the new
registered agent and/or the new registered office add.	ress nere.	
Name of New Registered Agent:		_
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	•••	
	, Florida	I 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 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
		·	□ Remove
			Change
			Add
			Remove
			☐ Change
			
			☐ Remove
			Change
		-	Remove
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record	specifies	a delayed	effective d	late. but	not an ef	fective tin	ne. at 12	:01 a m	on the ear	rlier
he 90	th day aft	er the recor	d is filed.	.,			,		017 1770 001	
led	· · · / · · · · · · · · · · · · · · · ·	<u> 08/05/</u>	2019.	. <u>5:3</u> .	<u>6 Pm</u> .					
	/ /		/							

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Typed or printed name of signee

Filing Fee: \$25.00