118000/694/4

| (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: |
| |
| |
| 2.12.19 |

Office Use Only



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JUN 20 2019 I ALBRITTON

COVER LETTER

| Division of Cor | rporations | | |
|-----------------------------|--|---|---|
| PROTEXT SUBJECT: | , LLC | | |
| 30b)(C1: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Bryan R. Eckley | | |
| | | Name of Person | |
| | PROTEX1, LLC | | |
| | | Firm/Company | |
| | 12157 W Linebaugh Ave | | |
| | · | Address | |
| | Tampa, FL 33626 | | |
| | eckley12@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notific | cation) |
| For further information c | concerning this matter, please c | all: | |
| Bryan R. Eckley | | 813 298-2706 at () | |
| Name o | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing 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:

TO:

Registration Section

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



May 20, 2019

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

SUBJECT: PROTEX1, LLC Ref. Number: L18000169414

We have received your document for PROTEX1, 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.

Irene Albritton Regulatory Specialist II

Letter Number: 719A00010211

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROTEXI, LLC

company has been notified in writing of this change.

20/9 (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| Florida document number L18000169414 | · | | 3, 2018 and assigned | | |
|---|--------------------|--------------------------|--|--|--|
| This amendment is submitted to amend the follow | ring: | | | | |
| A. If amending name, <u>enter the new name of th</u> | ne limited liab | ility company here | : | | |
| The new name must be distinguishable and contain the word | ds "Limited Liabil | lity Company," the desig | gnation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicab | le: | 12157 W Linebaug | h Ave #409 | | |
| (Principal office address MUST BE A STREET) | T EL 22/2/ | | | | |
| | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: | registered of | | ur records, enter the name of the | | |
| The of the regime of the | 12157 W Linch | augh Ave #409 | | | |
| | | | Enter Florida street address | | |
| | | Enter Florida | SIFET HUUFESS | | |
| New Registered Office Address: | Tampa | | , Florida ³³⁶²⁶ | | |
| New Registered Office Address: | Tampa | City | | | |

If Changing Registered Agent, Signature of New Registered Agent

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

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 |
|---|-----------------|----------------------------|----------------|
| MGR | James R. Eckley | 12157 W Linebaugh Ave #409 | |
| | | Tampa, FL 33626 | □ Add |
| | | | ■ Remove |
| | | | Change |
| TR | Brayden Eckley | 12157 W Linebaugh Ave #409 | Change |
| *************************************** | | Tampa, FL 33626 | Add |
| | | | |
| | | | Change |
| PD | Bryan R. Eckley | 12157 W Linebaugh Ave #409 | O Change |
| | | Tampa, FL 33626 | |
| | | | Remove |
| | | | ■ Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |

| í | and James R. Eckley is listed as the MGR. There is a Change, James R. Eckley leaves the corporation. |
|----------------|---|
| Ī | Brayden Eckley is named the TR. These should be noted as Bryan R. Eckley, PD as a Change, |
| J | ames R. Eckley. MGR as a Remove and Brayden Eckley. TR as an Add. |
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| in eff ote: | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed. |
| ited | June 13 2019 |
| | / X///. / ^ ^ |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00