119000005746

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R. WHITE FEB 0 5 2013

COVER LETTER

ΓΟ: Registrati Division o	n Section Corporations
	AGONIST LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	s of Amendment and fee(s) are submitted for filing.
Please return all co	espondence concerning this matter to the following:
	JAMES BARTOLOMEO
	Name of Person
	PROTAGONISTS LLC
	Firm/Company 2910 SWAN CIRCLE
	Address DUNEDIN FL 34698
	City/State and Zip Code Code E-moil addless: (a) be used for future annual report notification)
For further informa	on concerning this matter, please call:
JAMES BARTOL	at (
,	ne of Person Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
□ \$25.00 Filing F	E S30.00 Filing Fee & □ S55.00 Filing Fee & □ S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

FILED 2019 JAH 30 AM II: 15

PROTAGONIST LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on <u>01032019</u>	_ and assigned
Florida document number L 19000005746		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
PROTAGONISTS LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if	niliar with and this document is

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 Type of Action Address Title <u>Name</u> __ 🗆 Add _____ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add ☐ Change ___ _ _ _ _ _ _ _ Remove __ Change _ 🗆 Add __□ Remove _____ Change ____ __ Add □ Remove

☐ Change

	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date.) Note: If the date inserted in this block does not meet the applicable standard document's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 (statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	
Signature of a member of authorized	representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00