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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
IPRO Mem	brane LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Misty Gaynor		
		Name of Person	
	ePTFE ProTech LLC (formerly IPRO Membrane LLC)		
		Firm/Company	
	9512 Litchfield Lane		
	 	Address	de de de de de de de de de de de de de de d
	Naples, FL 34109		
		City/State and Zip Code	
	c_mgaynor@comcast.net		1.A
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	att:	
Misty Gaynor		610 496-5915 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	ation
Registration S Division of C			
P.O. Box 632			· ·

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 27 27 10: 57

IPRO Membrane LLC	d Liability Compa	inv as it now appears on our r	ecords)
(.vaine v. sile grimte	A Florida Limited	i <mark>ny as it now appears on our r</mark> Liability Company)	 /
he Articles of Organization for this Limited Liz	bility Company	were filed on March 27, 20	and assigned
lorida document number L19000084816	·		
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
PTFE ProTech LLC			
he new name must be distinguishable and contain the we	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9512 Litchfield Lane	
Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34109	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9512 Litchtield Lane Naples, FL 34109	
If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	•	address on our records, <u>e</u>	nter the name of the new regist
	9512 Litchfield	Lane	
New Registered Office Address:		Enter Florida street a	ıddress
	Naples		_, Florida ³⁴¹⁰⁹
		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
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	e date of filing:	05.0207 (3 sted as th
the record specifies a delaye) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the ear cord is filed.	lier of:
January 24	2020	
Dated	Manusanos	
	Signature of a member or authorized representative of a member	
	J	

Page 3 of 3

Filing Fee: \$25.00