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## **COVER LETTER**

SUBJECT: Protective Cockings & Property Maintenance LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	TO: Registration Sec Division of Corp			
Please return all correspondence concerning this matter to the following:	SUBJECT: Pro	Hective Coci	tings & Property Y	Maintenence LLC
James M Bernardini Jr.  Hallo Harlow Blud Address  Tacksonville FL. 32210  City/State and Zip Code  AAA Protective Coatings L. @ Gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  James M Bernardini Jr.  Name of Person  Tate Code  Solo Filing Fee  Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Street Address:	The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
A A Protective Coatings & Property Maintenece L.L.  Firm/Company  Hall Harlow Blud Address  Decksonville FL. 32210  City/State and Zip Code  AAA Protective Coatings I Code  AAA Protective Coatings I Code  Firm E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  James M Bernardini Jr. at 1904  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  Street Address:  Mailing Address:  Street Address:  Street Address:	Please return all correspon	ndence concerning this matter	to the following:	
Harlow Blud Address  Tacksonville FL. 32210  City/State and Zip Code  AAA Protective Coating size a General con E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  James M Bernarding Jr. at (204) 966-9532  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:			Name of Person	
Tacksonville FL. 32210  City/State and Zip Code  AAA Protective Coaching SILe @ Gracilicon  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    James M Bernardin 18.	(-)	+ MA Protection	Firm/Companys 1	erty Maintenece L.L.
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    James M   Bernarding   January   966-9532     Name of Person   Area Code   Daytime Telephone Number      Enclosed is a check for the following amount:   S25.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)    Mailing Address:   Street Address:		4916 Harl	aw Blud Address	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    James M   Bernarding   January   966-9532     Name of Person   Area Code   Daytime Telephone Number      Enclosed is a check for the following amount:   S25.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)    Mailing Address:   Street Address:		Dacksonvill	e FL. 32210 City/State and Zip Code	
Dames M Bernardini Jr. at (904) 966-9532  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:    \$25.00 Filing Fee		AAA Protect	to be used for future annual report notif	Gmail.com
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	For further information co	oncerning this matter, please ca	all:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:		pernardini Jr. Person	at ( <u>904</u> ) <u>966-6</u> Area Code Daytime	153 Z Telephone Number
Certificate of Status  (additional copy is enclosed)  Certificate of Status &  (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Enclosed is a check for th	e following amount:		
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			Registration Sec	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee		-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A)	lorida Limited L	iability Company)	<del>vo. 1.22 4.2</del> )		
The Articles of Organization for this Limited Liabi.  Florida document number <u>L2100011258</u>	1	were filed on	arch 9 <sup>46</sup> 20	<u>021</u> and ass	igned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	lity company here:			
The new name must be distinguishable and contain the words	S & Pro	perty Man ty Company," the design	Henance ation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable	e:	4916 H	arlow B	lvel	
(Principal office address MUST BE A STREET A		Jacksonu	ille FL. 3	32210	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>		lar low 131 ille FL 3		
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office a <u>ere</u> :	ddress on our recor	ds, <u>enter the na</u>	15	
Name of New Registered Agent:	Jame	s M Bern	ardini	JR 52: 49	13
New Registered Office Address:	4916	Harbw Blu Enter Floridas			
<del>-</del>	Jackse	on ville	, Florida _	32210 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 Title **Address Type of Action** <u>Name</u> Andrey Brown 1217 Jones Rd DANG Jacksonville FL 32220 Exemove ☐Change James Bernardini Jr 4916 Harlow Blud BAdd

Ans MB Jacksonville Fl. 32210 DRemove \_\_\_\_ □Change Chris S. Langdale 1217 Janes Rd. MAdd

Jacksonville FL. 32220 Remove \_ □Change BR amanda Elizibeth Taylor - Mosier World Wald Harlow Blud Premove

Jackson wilk FL 32210 | Change  $\square$ Add □Remove Change  $\square$ Add □Remove

<u>-</u>	
<u></u>	
an effect lote: If	tive date, if other than the date of filing:
record : Lis filed	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 I.
ated	April 14th 2021
	Signature of a member or authorized representative of a member
	James M. Bernardini Ja.  Typed or printed name of signee