L23000231521

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Pro Tecl	h Investments LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Raymond Orozco	
		Name of Person	
	Pro	Tech Investments LLC	
		Firm/Company	
		1135 Bayshore Dr.	
		Address	
		C 1 . 1 E1 14111	
		Englewood, FL 34223 City/State and Zip Code	
	D	rorozco42@yahoo.com	
		to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
Raymond Orozco		at (248) 225 - 2	768
Name of	Person	Area Code Daytir	me Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, F			oe Street, Suite 810
·		Tallahassee, F	L 32303

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

PRO TECH INVESTMENTS LLC

23 MIZI PARA GI (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	were filed on MAY 10, 2023	and assigned
Florida document number <u>L23000231521</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1990 Main Street	
(Principal office address MUST BE A STREET ADDRESS)	Suite 750	reviation "L.L.C."
	Sarasota, Fl. 34236	
Enter new mailing address, if applicable:	1990 Main Street	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 750	
	Sarasota, FL 34236	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 1990 Main	address on our records, enter the nam Street, Suite 750 Enter Florida street address	e of the new register
Sarasota	_, Florida	34236
	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 to 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 Pagistered Agent	Signature of New Registered Agent
in Changing registered regent,	orginature or their registered regent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

ARADD -	Authorizad	Manha
AIVIDK =	Authorized	MEHIDER

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Pamela C. Orozco	1135 Bayshore Dr.	∑ Add
		Englewood, FL 34223	Remove
			Change
			DAdd
			Remove
			Change
			□Add
			□Remove
			□ Change
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f an effective da Note: If the d	e, if other than the dat the is listed, the date must be late inserted in this block fective date on the Depar	specific and cannot does not meet t	ot be prior to date on the applicable sta	of filing or more tha	(option an 90 days after fil uirements, this d	ing.) Pursuant to 605.	.0207 ed as
record specif d is filed.	fies a delayed effective da	te, but not an ei	ffective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after	the
Dated	July 10	,	2023				
	A	und 19	war				
	// \/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	Sign	nature of a memb	er or authorized re	epresentative of a r	nember		