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(Re	equestor's Name)	
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TALLAHASSEE PATE

COVER LETTER

TO: Registration Section . .

Division of Co	rporations •			
	Edge Consulting LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Roberto C Rodriguez			
		Name of Person	_	
	Protective Edge Consulting	g LLC		
		Firm/Company		
	3590 SW 146 Terrace			
	-	Address	· · · ·	2021 SE(
	Miramar, FL 33027			2024 APR -8 SECRETAR TALLAH
	robrodmpd@comcast.net	City/State and Zip Code		- W
	· ·	to be used for future annual report not	ification)	The the
For further information	concerning this matter, please c	all:		PH II: 33 THE STATE SSEE, FL
Roberto C Rodriguez		305 796-0442 at ()		
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ection	
Division of	Corporations	Division of Co	rporations	
P.O. Box 63		The Centre of 7		10
Tallahassee,	TL 32314	Z410 N. MONTO	e Street, Suite 8	IU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Protective Edge Consulting LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
he Articles of Organization for this Limited Liability Complorida document number	any were filed on February 6, 2024	and assigned	
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
ne new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."	
nter new principal offices address, if applicable:		S 20	
Principal office address MUST BE A STREET ADDRESS	5)	70 E	
		-m 7	
		· 特別 · 6	
nter new mailing address, if applicable:		200 星	
failing address MAY BE A POST OFFICE BOX)		mo =	
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. If amending the registered agent and/or registered off rent and/or the new registered office address here:	ice address on our records, enter the	name of the new registe	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florid		
	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 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
AMBR	Roberto C Rodriguez	3590 SW 146 Terrace, Miramar, FL 33027	= Add
			□Remove
			☐ Change
AP	Alexandra C Rodriguez	3590 SW 146 Terrace, Miramar, FL 33027	🗀 Add
			Remove
			□Change
MGR	Alexandra C Rodriguez	3590 SW 146 Terrace, Miramar, FL 33027	≣∧dd
		NEL VENE	Remove
		المنافقة الماقة المافة المافقة المافقة المافقة المافقة المافقة المافقة الماف المافة المافة المافة الماف المافة المافة المافة الماف المافة المافة المافة الماف المافة المافة المافة الماف المافة المافة المافة الماف المافة الماف المافة الماف المافة الماف المافة المافة الماف المافة الماف المافاف المافاف المافاف الماف الماف المافاف المافاف المافاف الماف الماف المافاة المافاف المافاف الماف الماف المافاف المافاف الماف ال	·
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ffective date, if other than the date o	f filing:			(option	nal)		
an effective date is listed, the date must be spec ote: If the date inserted in this block doe	es not meet the app	licable statuto	ing or more than 9 ry filing require	0 days after fi ments, this o	ling.) Pursu late will n	ant to 60 ot be lis	05.020 sted a
ocument's effective date on the Departmo	ent of State's recor	ds.					
record specifies a delayed effective date, l	but not an effective	e time, at 12:0	l a.m. on the ea	rlier of: (b)	The 90th	day aft	er the
	2024						
April 1	2024						
ated April 1		 .		A.			
ated April 1 Signatu	re of a member or au	thorized repres	entative of a men	iber (<u> </u>		

Filing Fee: \$25.00