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COVER LETTER

Division of Co	rporations			
SUBJECT:		PRO'S, LLC		
-	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		JACK D HENRY		
`		Name of Person		
		Firm/Company		
	5	5314 LEMON STREET Address		
	NEW PO		52	
	NEW PORT RICHEY, FLORIDA 34652 City/State and Zip Code			
	E-mail address: (dmin@theproslic.com to be used for future annual report notific	cation)	
For further information	concerning this matter, please of	all:		
	CK D HENRY	at (727) 2 Area Code & Daytime	267-7851	
Name	oi reison	Area Code & Dayume	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		

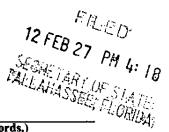
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	THE PRO'S, LLC				
(Name of the Limit	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	——— • A /		
The Articles of Organization for this Limited	Liability Company were filed on	03/14/2006	and assigned		
Florida document numberL060000	27050				
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :			
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if app	licable:				
(Principal office address MUST BE A STR	EET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC	CE BOX)				
B. If amending the registered agent an registered agent and/or the new registered		our records, enter th	ne name of the new		
Name of New Registered Agent:	JACK D HENRY				
New Registered Office Address:					
	En	Enter Florida street address			
	City	, Florida	Zip Code		
	City		sip code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this expacity. 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office subjects in hereby confirm that the limited liability company has been notified in writing of this change.

in mig Registered Agent, Signature of New Registered Agent

Rage 1 of 2

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MGR = Manager

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
MGRM	DAVID RENCZKOWSKI	5314 LEMON STREET NEW PORT RICHEY, FLORIDA 34652	Add ☑ Remove
MGRM	LARRY WILTON	9065 108TH STREET NORTH SEMINOLE FLORIDA 33772	Add ☑ Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			-
		2/0	- -
Dated	Signature of a member	r or authorized representative of a member	······
	DAV	ID RENCZKOWSKI	<u>. </u>
	Typed	or printed name of signee	

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Filing Fee: \$25.00