

**LI3000121987**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

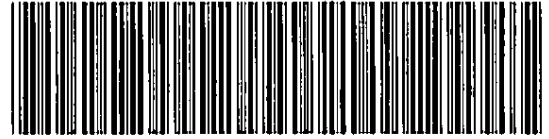
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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**18 JUN 12 PM 12:28**

N COOPER  
JUN 14 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Prolacto Mich Florida 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:

Claudia Moncarz, Esq.

\_\_\_\_\_  
Name of Person

Moncarz Law Firm PL

\_\_\_\_\_  
Firm/Company

2669 Stirling Road, Suite B-200

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33312

\_\_\_\_\_  
City/State and Zip Code

claudia@moncarzlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Moncarz, Esq.

at ( 786 ) 541-2705

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>	<u>Address</u>	<u>Type of Action</u>
MGR	Oscar A. Gonzalez Medina	3881 S Congress Ave	<input checked="" type="checkbox"/> Add
		Palm Springs, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cesar Antonio Gonzalez Perez	3881 S Congress Ave.	<input type="checkbox"/> Add
		Palm Springs, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

Multiple horizontal lines for amending information.

18 JUN 12 PM 12:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**E. Effective date, if other than the date of filing: Upon Filing (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 8, 2018

Signature of a member or authorized representative of a member

Oscar A. Gonzalez Medina

Typed or printed name of signee